SMA news

For Doctors, For Patients

VOL. 54 NO. 7 | JULY 2022 | MCI (P) 077/12/2021

Supporting the Next Generation:

Junior Doctors' Wellness

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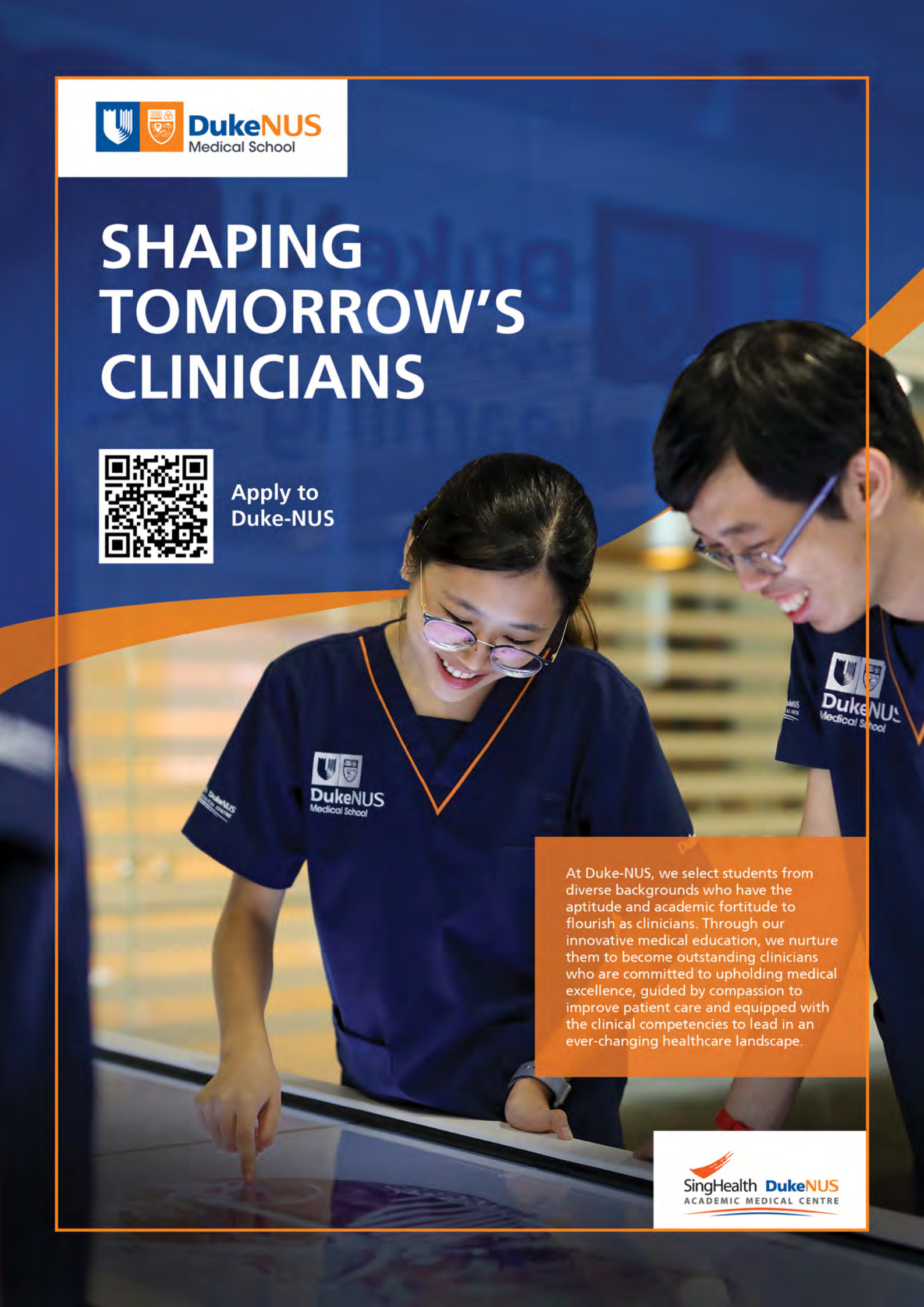

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SMA President Dr Tan Yia Swam's class photo after a successful Playhouse performance in her youth

The EDITORS' MUSINGS

Dr Tina Tan

Editor

Dr Tan is a psychiatrist with the Better Life Psychological Medicine Clinic, and a visiting consultant at the Institute of Mental Health. 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.

Dr Chie Zhi Ying

Deputy Editor

Dr Chie is a family physician working in the National Healthcare Group Polyclinics. She also holds a Master of Public Health from the National University of Singapore and is a designated workplace doctor. She enjoys freelance writing and writes for Chinese dailies *Lianhe Zaobao, Shin Min Daily News* and health magazine *Health No. 1*. She can be contacted at chiezhiying@gmail.com.

Junior doctors – it is undeniable that our public healthcare institutions cannot function without them. Each of us has gone through our own harrowing experience of housemanship, and while it can be argued that "it was different last time" or "nowadays, *blah blah blah*", junior doctors of today function in a vastly different landscape from the past, and overt comparisons simply are not helpful or relevant. It is heartening to know that there is a keen awareness of this, exemplified by contributions from members of the SMA Doctors-in-Training (DIT) Committee as well as the National Healthcare Group Resident's Council. This series of articles features efforts to see to junior doctors' welfare, especially in the past two years of the pandemic.

The welfare of junior doctors is a perennial issue that continues to vex even the most brilliant of minds. But the problem is best summed up by the authors of our Feature article: "The key is to consider how to better protect junior doctors' welfare without compromising on clinical care". At the very root of this complex issue is the fact that all of us are doing our best to ensure our patients receive the care they need. And what better way to do that than to ensure that the doctors caring for our patients are also taken care of?

With social distancing measures much more relaxed and public areas buzzing with activities in recent months, I'm sure your calendars are bustling with social events and meet-ups. This is such a stark contrast to the early days of the pandemic when virtually everything came to a halt.

Having had the privilege to be part of the SMA DIT Committee Advisory Panel, I got to hear firsthand how some junior doctors felt overwhelmed and drained by the surge of workload as a frontline worker soldiering on in this pandemic.

In line with the July issue of *SMA News* on "Supporting the Next Generation: Junior Doctors' Wellness", we are privileged to have the National Healthcare Group Residency Wellness Committee share with us their efforts to help their DITs deal with burnout and to take care of their welfare.

As part of the SMA's ongoing efforts to reach out and support our junior doctors, we are delighted to have Dr Ivan Low, chairperson of the SMA DIT Committee, share with us the latest DIT welfare initiatives such as the SMA House Officer (HO) Helpline, a platform to quickly direct our junior doctors to important resources like the HO Handbook and other hotlines. Members of our SMA DIT Committee who are part of the National Junior Doctors' Wellness Committee also shed some light on the work they have done to champion for junior doctors' welfare and interests.

Our junior doctors are our beacons of hope and future leaders of our healthcare system. To our junior doctors: no matter how tough life can be, just remember that there are people out there who hear and support you. Hang on in there and you will find your pot of gold at the end of the rainbow. ◆

Addressing Junior Doctor Wellness in NHG

Text by Dr Ang Ren Xuan and Dr Juanita Lestari

Much has been said about how well Singapore's healthcare system has fared in dealing with COVID-19. Less talked about is how its junior doctors (including residents) in the restructured hospitals have shared much of the burden of holding up the country's healthcare system. Many of them have seen their relatively nascent careers disrupted by the pandemic in unexpected ways. Stress and burnout issues among junior doctors, while no doubt already existing pre-pandemic, were brought to the fore during the pandemic.

Impact of the pandemic on junior doctors

In the early days of the pandemic, many junior doctors were deployed to outbreak wards and community facilities to manage the burgeoning number of COVID-19 cases. Within the National Healthcare Group (NHG), residents willingly and unhesitatingly responded to the call to serve in the National Centre for Infectious Diseases (NCID) and in other outbreak response roles. Meeting rooms were transformed into war rooms where outbreak response strategies were discussed. ICU-trained junior doctors turned into frontline soldiers. It was an exceptional time – a time when many readily placed national and institutional needs over their own. All hands were on deck.

But as the months wore on, fatigue set in. With annual and training leave frozen, overseas travel cancelled, and mandatory split team assignments in place, morale and emotional well-being took a hit. With safe-distancing measures in place, peer support – which would have developed organically pre-pandemic through conversations over post-round "kopitiam" breaks, lunches and watercooler breaks – were consigned to a distant memory. With reduced social interaction, work became more sterile, both in the literal and figurative senses of the word.

As doctors began isolating themselves out of fear that they would pass the virus to their loved ones, junior doctors were not spared. We once spotted a junior doctor sitting alone at the link bridge between the NCID and Tan Tock Seng Hospital (TTSH) buildings, worrying over whether to go home or to stay on in the hospital. Dealing with morbidities and mortalities from COVID-19 was emotionally draining for junior doctors. Yet, with the sheer volume of cases relentlessly flooding the hospitals on a daily basis, there was little time and space to pause and rest from the many heart-breaking moments from a typical day at work.

There was also increased anxiety over career trajectories. The deployment of junior doctors to areas outside of their specialty requirements, coupled with restrictions on staff movement and split-team assignments, inevitably resulted in disruptions and interruptions to training and teaching programmes. In an effort to prioritise resources to the national crisis, didactic and clinic teachings were temporarily paused, and workshops and courses were halted. Residents found it challenging to obtain the usual variety of clinical exposure and fulfil the number of procedures, especially elective ones, required for their respective training programmes. Post-graduate professional examinations, exit examinations and their associated preparatory courses were also cancelled or postponed, occasionally at the eleventh hour.

In a survey of NHG residents conducted at the start of the pandemic, 61% of the respondents agreed that the pandemic had adversely affected their training and/or career, 42% agreed that the pandemic would adversely affect their ability to complete training and/or become a good specialist, and 45% agreed that the pandemic had made them anxious about their training and/or career.[1] These numbers speak for themselves.

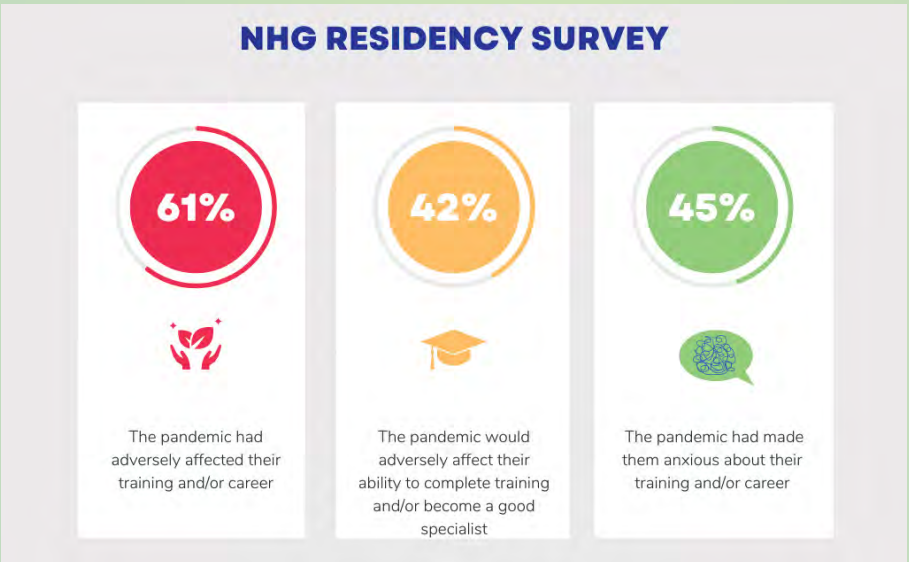

Figure 1 *Results from a survey of the NHG residents at the start of the pandemic*

INITIATIVES BY NHG RESIDENCY WELLNESS COMMITTEE

1

Burnout Checklist

A checklist was designed to guide faculty members and residents to identify junior doctors in distress and to refer them to suitable avenues for help.

2

SOAR

A framework was introduced to encourage residents to look out for opportunities for personal growth and development amidst adversity: SOAR (Self, Others, and building Resilience).

3

Hospital Conference

A hospital-wide conference was organised which focused on acknowledging and addressing burnout amongst our healthcare staff, particularly the junior doctors.

4

Confidential Counselling Services

Partnering with organisations such as Brahm Centre to provide accessible and confidential counselling for those in need of counselling support.

Figure 2 *Overview of the initiatives for junior doctors*

With this new normal, it became clear that action was needed – not only to protect the welfare of junior doctors, but also to enhance their capacity for growth and resilience so that they would survive this pandemic and emerge from it stronger. Within NHG, senior doctors who had fought through and survived the SARS outbreak in 2003 stepped up to provide insight from their own experiences and became an essential source of encouragement to our junior doctors. Cluster-wide initiatives were introduced, and their successful implementation was made possible only with strong and unyielding support from the NHG leadership team.

NHG's initiatives

The NHG Residents' Council, which is a part of the NHG Graduate Medical Education Committee, comprises chief residents across all the residency programmes. A key role of the Residents' Council is to engage with NHG residents and address their feedback and concerns.

During the pandemic, the Residents' Council maintained channels of open communication between NHG residents and NHG senior management through organising regular dialogue, gathering feedback from the residents, and channelling this feedback to the senior management. At the height of the pandemic, when healthcare protocols were in a constant state of flux and concerns over them were abounding, the Residents' Council sought to facilitate prompt and effective communication by regularly engaging with the chairmen of the medical boards of the respective NHG hospitals and the NHG CEO.

Events to boost the morale of junior doctors were also organised – the "NHG Most Valuable Player Awards" campaign sought to honour junior doctors who have displayed outstanding character, and food and drink treats were distributed across the year (think Famous Amos cookies for Valentines' Day, Ya Kun Kaya Toast vouchers for Labour Day, and bubble tea for Bubble Tea Day because bubble tea deserves its own special day). It was heartening to see that some senior doctors in NHG even started a COVID-19

welfare fund to contribute towards funding these events.

The NHG Residency Wellness Committee also complemented these initiatives with their own. The Wellness Committee, which comprises representatives from the Residents' Council and NHG Residency faculty members, constantly looked out for the welfare of the NHG residents and junior doctors during the pandemic. A conscious effort was made to acknowledge their hard work and sacrifices, and to encourage them.

Initiatives that the Wellness Committee rolled out included creating a Burnout Assessment Checklist, introducing the SOAR (managing Self, Others, And building Resilience) framework, partnering with organisations such as Brahm Centre to provide counselling support, and leveraging on the TTSH Hospital Conference as a platform to address burnout and resilience among healthcare staff.

Rethinking stress and burnout

Stress and burnout among junior doctors existed pre-pandemic and will continue to exist post-pandemic. They are perhaps unavoidable, given the high-stress environment of the public healthcare system and the demands of the work of physicians. However, what the pandemic has provided is an opportunity for NHG to re-think how to make work for junior doctors more efficient. The key is to consider how to better protect junior doctors' welfare without compromising clinical care. As a start, discussions are underway with Ministry of Health Holdings to pilot 24-hour calls for NHG residents, in contrast to the current standard of at least 30-hour calls where residents have to continue with other work duties post-call. The pandemic has also highlighted the importance of establishing a culture of peer support, care and concern among junior doctors, where looking out for a peer in distress is not the exception but the norm, and where every small interaction with fellow colleagues and healthcare workers is encouraged, cherished and not taken for granted.

The work of the Residents' Council and the Wellness Committee in response to pandemic-induced stress and burnout is just a start. More can be done. More will need to be done as the demands on the healthcare system evolve. As we continue to serve our junior doctors and residents, we are cognisant that many big, complex, and seemingly insurmountable problems need not be resolved by mind-blowing revolutions, but by consistent and constant accumulation of day-to-day actions, both at the institutional and individual level.

Some of these actions include making sure lines of communication and feedback remain accessible and effective. Investing in our junior doctors not only through programmes that ensure proficiency in clinical skills, but also via platforms that focus on personal well-being. Showing concern to our peers by asking after them as we bump into them along the corridors. Lending a listening ear and providing a safe space over a cup of coffee. Offering help to a peer who is unable to cope with the demands of work. Extending kindness to someone who has had a long, hard day. Each small gesture can go a long way. We do not need to wait for systemic and policy changes to be implemented before being a source of encouragement and comfort to one another.

It is also worth remembering that while the practice of medicine and residency training has seen dramatic changes in recent years, the timeless values by which we carry ourselves as a profession remain constant. Ultimately, it is the sense of meaning and purpose in our calling as doctors that will see us through the difficult seasons – it is the COVID-19 pandemic today, it could be another healthcare crisis tomorrow. Viktor Frankel, the author of *Man's Search for Meaning*, puts it eloquently: "Those who have a 'why' to live, can bear with almost any 'how'." Hold tight to the convictions that drove you to pursue medicine; hold fast to the dreams and visions that you have for the medical profession. Remember them as you start each workday before the sun rises. Remember them as you chug your third cup of coffee for the day. Remember them as you feel yourself reaching your limit. The difficult seasons will pass, and it will all be worth it.

Acknowledgements

The authors would like to thank NHG's Designated Institutional Official Dr Faith Chia for her guidance and inputs in the writing of this article, as well as her continued support for junior doctors in NHG. ◆

Reference

1. Wong CS, Tay WC, Hap XF, Chia FL. Love in the time of coronavirus: Training and service during COVID-19. Singapore Med J 2020; 61(7):384-6.

Dr Ang is a senior resident and chief resident in the NHG Psychiatry Residency Programme. He is also the president of the NHG Residents' Council, and works with a passionate team to enhance relations between residents and faculty. In his free time, he can be found recharging in a quiet spot with a good book in hand.

Dr Juanita is a senior resident in the Department of Respiratory and Critical Care Medicine of Tan Tock Seng Hospital. Together with the NHG Resident Council members, she hopes to create a warm and nurturing environment for the junior doctors to grow. In her spare time, she enjoys cooking and spending time with her two boys.

Building a Profession that Cares

Text and photos by Dr Tan Yia Swam

As I have shared before, doctors in training (DITs) have always held a special place in my heart. I did not consciously think about why before, but this time, I searched inward and finally figured it out:

1. Medical school and training years held some of the best (and the worst) memories for me (*hahaha*).
2. Even though I am physically ageing year by year, in my innermost soul, I am still that passionate, irreverent and impulsive twenty-something.
3. Being a mother, I feel the need to nurture the young even more acutely.
4. I genuinely enjoy talking to people younger than me.

Best memories

During the formative years as a teenager and young adult, one picks up many habits and mannerisms from peers, for better or for worse. When my junior college friends have a reunion, we reminisce over our escapades – sessions of carrom, copying homework (*ahem*) peer-directed learning, hanging out after school, and gossiping about guys and girls.

Of the medical school years, we remember the orientation camp and the fun we had in making the float. I remember that I was the treasurer and some people "hated" me. (What's new?) Having to chase people for money, sticking to a budget, and saying "no" to certain requests – but we just needed to get the job done. Our orientation committee had to somehow get all 214 of us into a united bunch, despite us coming from rival schools and various diverse backgrounds, to try our best and make sure that no one was left out.

There were many obstacles to overcome: formation of clinical groups (CGs), the politics and tensions, couples, BFFs (best friends) wanting to be together, cliques, etc, and not being able to fit everyone into the desired six to eight people per CG, or having groups of all girls or all boys. In our time, car ownership was rare for a student, and I remember some groups actively wanted a few with cars so that moving around hospitals in Medical Year 3 onwards would be a lot easier. Plebeians shared cabs, so an even number of eight was ideal – to take two cabs per CG.

The yearly NUS Medicine Playhouse (drama competition) was greeted with great enthusiasm by some (usually those of us with some artistic inclination), and avoided by others. I imagine some of you would be shocked to know that your current senior consultant or tutor had once played the role of some evil conniving witch, or perhaps bared his chest for a scene. We bravely sang, danced and painted our ways in those few weeks every year. In our final year, there was initially a poor response because of our priorities, but our Playhouse Director made such a strong and sincere appeal that we got together and put on our best show ever. We got quite a few trophies; I think I kept the one for best costume. Sadly, in our time, there were no smartphones (*oh the horror*), so we do not have many photos from those times. (I am sure some are relieved that there is no photo evidence of those wild days!)

As we entered the working years, we were thrown into the deep end. Housemanship was much of a blur. From a medical student one day to being a **doctor** the next. Being paged (yes, we might be the last batch to be issued pagers!) with "999", **running** back to the wards, and trying to look like we knew what was going on. Most of us appreciated our friends, seniors and nurses who had our backs and taught us a lot. What to learn, what not to learn. Clinical skills, surgeries, red flags not to miss; professionalism – how one treats patients, nurses and colleagues. Nothing as formalised as it is now, but it was so real. Laughing and crying together over cold supper, or a coffee, before going on post-call rounds.

Passion and values

These friendships survived the test of time. Trusted friends and mentors continue to be great sources of advice whenever I encounter a work problem – whether it is to do with clinical or professional aspects, including how to handle a difficult patient or colleague. Many have also shaped my attitude towards how I structured my private practice, especially when I first started and had to see this whole new world of healthcare as a business. What is my personal code of conduct? Sure, earning money is essential, but how much is enough? Do I still want to develop subspecialty skills or other non-medical skills? Do I have job satisfaction? Do I want to be world renowned? Am I answerable to my conscience and the higher powers?

Part of growing up is gaining the confidence in charting my own path: in my career, and in my own life. You decide how much to give to the profession, how to build a business, how to balance the public service ethos, and what kind of legacy you leave behind. How would you want your family, children, friends and patients to see you, and to remember you?

It can feel lonely in private practice sometimes, especially since I am in a solo practice and everyone has their own schedules. The SMA has long been my second family. I used to be more involved in teaching while working in the restructured hospital, but alas I am not smart enough to continue on as any kind of adjunct/assistant/associate professor after leaving. I am pleased that I was recently invited to be part of NUS Medicine's EnRICH mentorship programme; meeting young minds keeps me young!

Nurture and engage the young

I have one more year as SMA President, and will also be reaching the end of my Nominated Member of Parliament (NMP) term. It will soon be time to "retire" from the public eye, to be there for my kids (like it or not, I am being sucked into the whirlwind of preparation for the all-important PSLE!) and to stop being a blur parent who does not even know who the class teachers are.

These past two years, being in some kind of limelight as the SMA President, and as an NMP, has given me the opportunity to explore certain styles of leadership and representation, to do the best I can. The SMA does our part to rally and provide support during the worst of COVID-19, to be a voice for doctors – with the public, the Ministry of Health, the Government, and insurers. As a volunteer organisation, there are some limitations in the way we work and the ways we engage you, but we have always cared. We have had a dedicated annual DIT *SMA News* issue since 2012, and I am happy to see new and young doctors enter and serve in the DIT committee. There is strength in numbers; come be part of the SMA, to better learn how to advocate effectively!

For those of you younger ones reading – trust that your seniors care for you, and that the SMA cares for you; we want to help you be the best you can be – you are the future of our profession. ◆

Legend

1. Class photo after a successful Playhouse performance.

2. Orientation float prizes

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 in mid-2019, 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.

Singapore Medical Association

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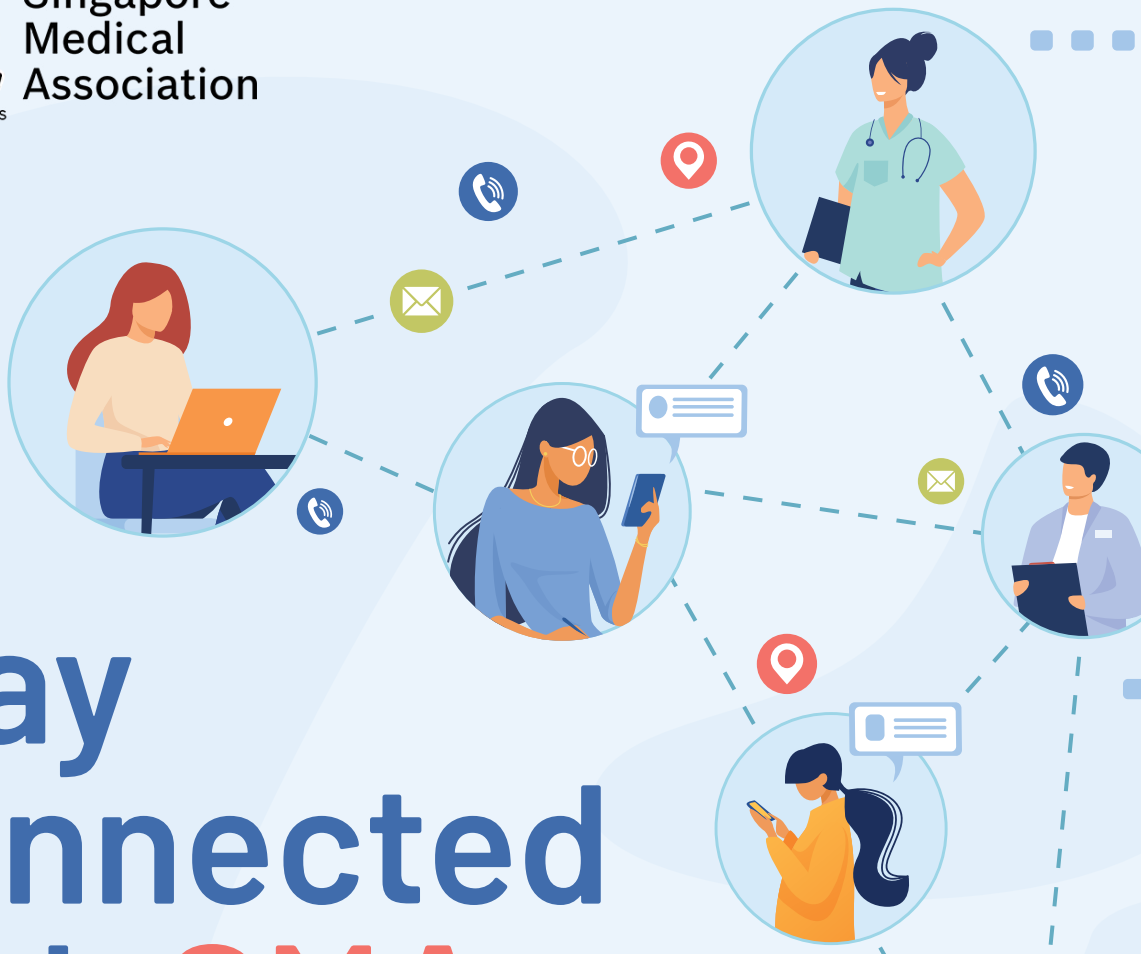

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- SMA Members who update their contact information during the campaign period are eligible for the lucky draw (regardless of the quarter).
- Lucky draw winners will be selected at random, and not on a first come, first served basis.
- Winners will be announced once every quarter during the campaign period via the SMA website, *SMA News* and our Facebook group.

Visit https://bit.ly/updateGuide for the guide on updating your profile.
For further enquiries, please contact membership@sma.org.sg

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 the kids at home to finish their food, his idea of relaxation is watching a drama serial with his lovely wife and occasionally throwing some paint on a canvas.

Support for doctors facing disciplinary proceedings

The Academy of Medicine, Singapore, College of Family Physicians Singapore, and SMA have jointly established a support programme for doctors who face disciplinary proceedings, with effect from 1 June 2022. This programme is open to all registered doctors in Singapore and not only to each professional body's members.

When a doctor receives notice from the Singapore Medical Council (SMC) that a complaint has been lodged against him/her, information about the support programme and how to contact the staff in the professional bodies to engage this support will also be provided. The professional bodies will jointly match the requesting doctor with a volunteer support doctor to advise on SMC's disciplinary processes and to address any anxieties on his/her part.

The role of the volunteer support doctor is to support, reassure and provide information on the disciplinary process. The support doctor does not provide advice specific to the requesting doctor's case. The support doctor also does not provide legal or psychiatric advice, which are addressed by the requesting doctor's solicitors and other trained professionals.

SMACF launches new website

SMA Charity Fund (SMACF) is pleased to announce the launch of its new website at https://www.smacf.org.sg with effect from 4 July 2022.

This website has finally come to fruition, aided by the funding support from the National Council of Social Service (NCSS) Tech-and-Go Funding.

With our migration to an independent website, we will now be able to embark on the next phase of promoting SMACF to the public and improving access for our donors and beneficiaries.

Some of the features now available on our new website include:

1. Donors can donate directly through our website's donation portal, using their credit card or through PayNow.
2. Bursary applications continue to be available online on our new website with enhanced processes to maximise convenience for bursary applicants and SMACF staff.
3. A new E-Shop portal for possible sales of future SMACF limited edition souvenir items.

You can scan the QR code below to visit the new SMACF website! ◆

SMA Charity Fund
For Doctors, For Patients

NOW "LIVE"!

INTRODUCING SMA CHARITY FUND'S

NEW WEBSITE

Scan QR code or visit us at

HTTPS://WWW.SMACF.ORG.SG

SMA-Mdm Lee Na Na Medical Students' Assistance Fund:

Remembering Loved Ones Through Giving

Text by Ronnie Cheok and Dominic Neo
Photo by Dr Ong Eng Kang

A persistent prompting to do more to help disadvantaged medical students was one of the main motivations behind Dr Ong Eng Kang initiating this legacy donation. Prior to the launch of this campaign on our donation portal at Giving.sg, we at SMA Charity Fund (SMACF) had held many fruitful discussions with Dr Ong since he first approached us with an offer to do more in support of our beneficiaries.

When it was finally decided to launch the SMA-Mdm Lee Na Na Medical Students' Assistance Fund (MSAF) campaign, we met with Dr Ong to gather some insights as to how this inspirational project came about.

Dr Ong has been a long-time donor to the SMACF, but as he progressed in his career, he shared that there was always this nagging thought that he could do more. When he found out that we had other legacy donors on the Giving.sg donation portal, it triggered a call to action for him. This also reminded him of his late mother, Mdm Lee Na Na, who was also financially disadvantaged during her time as a student. Mdm Lee sadly passed away in 1989 in the prime of her life. Her passing was sudden, and saddened her family and all who knew her. Dr Ong hopes that through this initiative, more students can benefit from the funds raised so as to allow them to focus on their studies. He also hopes that more like-minded donors can come forward to initiate their own legacy donation campaigns as a meaningful way to remember their loved ones.

Dr Ong also shared that he was further motivated by the Government's announcement of the dollar-for-dollar matching grant support for charities at this year's Budget speech, delivered in parliament by Finance Minister Lawrence Wong. With this in mind, Dr Ong has thus committed to rally friends, associates and family to raise at least $25,000 in support of five medical students this academic year. Should this target be met, it would mean that the campaign, through the matching grant, will be able to support a total of ten disadvantaged medical students from our three local medical schools: NUS Yong Loo Lin School of Medicine, Duke-NUS Medical School and NTU Lee Kong Chian School of Medicine.

Given that the campaign is scheduled to end by 30 September 2022, Dr Ong would like to appeal for your support.

"I am motivated to support financially disadvantaged medical students in memory of my mother, who was a financially disadvantaged student herself, as well as recognising my privileged position as a doctor.

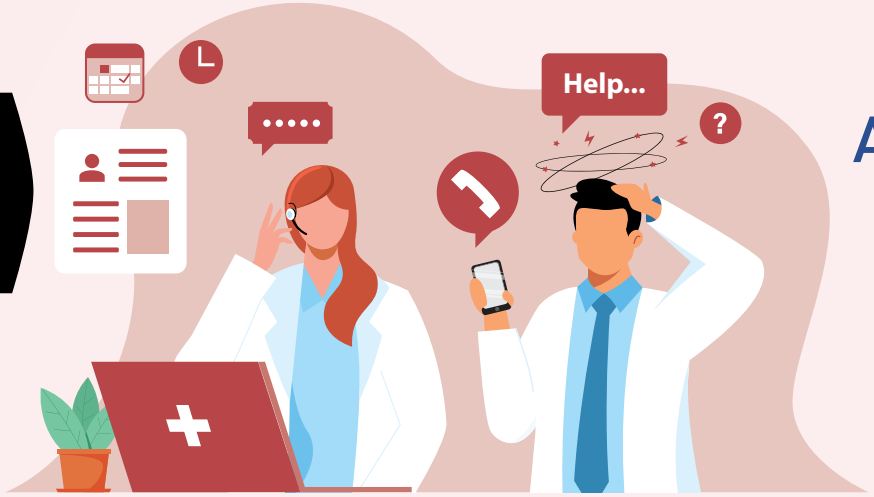
Through my journey in life, I am discovering that 'the secret to living is giving' and 'it is not just what we get, but who we become, and what we contribute that gives meaning to our lives'.

As I strengthen my giving muscles on charitable causes close to my heart, I invite you to join me on this meaningful and empowering path of contribution."

Finally, Dr Ong had these words of advice for our future doctors: "Cultivate even more **passion** and higher **purpose** during your lifelong journey in being a doctor." ◆

To support the SMA-Mdm Lee Na Na MSAF campaign, visit the link or scan QR code below.

https://tinyurl.com/yckn92ca



A Helping Hand and a Listening Ear – SMA HO Helpline

Text by Dr Ivan Low, Chairperson, SMA Doctors-in-Training Committee

In our medical community, all of us struggle through difficult transitions: from school to university; from pre-clinical to clinical; from National Service to hospital (for male doctors); from resident to senior resident, and so on. Undoubtedly, one of the most challenging transitions is house officer (HO) training, a one-year training phase that seeks to build people up for independent medical practice but, in the process, breaks many people down.

Beyond the festivities, Christmas has always been a pensive period for me. There's something about the season of giving that makes me re-evaluate what more we could do for those in need, in particular our HOs. This was how my fiancée and I began to conceptualise what we now termed the SMA HO Helpline (formerly the SMA HOSP+ Helpline), the latest addition to our slew of initiatives for Post-Graduate Year 1 (PGY1) doctors,[1] which we launched on 25 December 2021.

As a start, we wanted the Helpline to be able to direct HOs to various resources they might find useful, such as the SMA HO Handbook, the SMC Handbook on Medical Ethics, whistleblowing channels and crisis hotlines. We also wanted to provide broad guidance for potentially sensitive matters, such as what to do after a medical error occurs, how to manage sexual harassment at the workplace, and whether physical or mental health conditions need to be declared.

It quickly became apparent that the issues HOs faced were numerous and varied, and that some matters would require more in-depth, contextualised guidance. So we included an open-ended "talk to someone" feature in the Telegram chatbot, through which HOs could have a safe space to share their concerns and thoughts with an SMA volunteer. Throughout these interactions, we strive to keep our commitment to confidentiality.

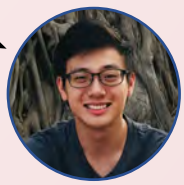
At the time of this writing, the SMA HO Helpline has seen more than 450 "clicks" over six months, and feedback from users has been encouraging thus far. With strong support from the designated institutional officials and hospital PGY1 directors, the Helpline has been incorporated into HO orientation programmes in all institutions. We hope that it has been helpful to our fellow junior doctors, and we look forward to working with you to upgrade it further!

Please feel free to check out the SMA HO Helpline on Telegram by searching @smahospbot or visiting t.me/smahospbot. ◆

Note

1. SMA has published the House Officer (HO) Handbook since the 1990s, and started a Called To See Patient (CTSP) workshop for HOs in 2019.

Dr Low is a Navy medical officer and A&E resident. He is the SMA Council's youngest member, and has a passion for public health, community outreach and medical education. In his spare time, he can be found relaxing at the park with his loved ones, his dog, and a cup of *kopi c peng (siew siew dai)*.



About Us

The SMA Doctors-in-Training (DIT) Committee advocates for junior doctors and medical students, and runs a wide range of initiatives to support them in becoming competent, confident and compassionate healthcare professionals.

The Committee has in the past spoken up about on-call allowances, leave for NS call-ups, and the float system. More recently, we have been providing recommendations on key issues such as working hour caps, post-graduate training opportunities and junior doctor engagement.

On top of this, the Committee operates a HO Helpline, publishes regular updates of the HO Handbook, conducts workshops for junior doctors, and co-organises the SMA National Medical Students' Convention.

If you would like to find out more about SMA DIT efforts or join our cause, please write in to ilj@sma.org.sg. As a HO or a senior, keep in the loop of our latest HO support programme initiatives at our Telegram channel @helpourHOs. Visit https://bit.ly/SMA-DIT for more information on the DIT Committee.

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Representing Our Junior Doctors

It has never been easy working as junior doctors, and the SMA Doctors-in-Training (DIT) Committee constantly seeks to support them on their journey. In this article, we invite Dr Goh Ying Xian and Dr K Sri Karpageshwary from the SMA DIT Committee to share about their respective stream's ongoing work in helping junior doctors.

Text by Dr Goh Ying Xian

Dr Goh is a medical officer and a member of the SMA Doctors-In-Training Committee. She is in her happy zone when you find her with coffee (milk, no sugar, please), music and her loved ones.

As medical professionals, our daily work requires us to care for our patients. It is important for us to take good care of our own well-being so that we can better take care of others. Our job is fast-paced and often a matter of high stakes – this demands a high level of focus and efficiency, which, no matter how stimulating it can be for some, can easily cause us to be drained and burnt out (whether we are cognisant of it or otherwise). Therefore, it is crucial and increasingly recognised at the systems level that the well-being of medical professionals needs to be safeguarded in order to provide better healthcare for the general population.

Back in medical school, I had the opportunity to be part of a small committee working on medical student well-being; and now as a member of the SMA DIT Committee, I am glad to be continuing in efforts to look out for my peers as part of the National Wellness Committee (NWC) for Junior Doctors (JDs, defined as house officers, medical officers and junior residents). The DIT JDs on the Committee try to give our impression of the issues fellow JDs face, find ways for more views on the ground to be heard and give our perspectives on the solutions proposed.

The subcommittee that I am in – Stream 1 – specifically looks at inpatient workflow with the aim of improving JD working hours. The humans behind this subcommittee include fellow JDs like myself, senior clinicians from each hospital cluster and different specialties, as well as Ministry of Health Holdings (MOHH) HR representatives. It heartens me that there is political will on a national level to improve JDs' working hours, and that there is a platform like this for brainstorming of solutions and discourse – because this is a challenging task – to make changes to a system we have inherited (for all its good and bad) while ensuring patient care continues on.

Some may say that this is a matter of supply and demand (increasing supply to meet an unchanged/increasing demand) – but at what cost?

- Monetary: how many doctors can our society afford (to train and to hire)?
- Educational: how do you ensure JDs gain sufficient experience effectively (adequate exposure during functional hours; ie, not too post-call)?
- Aspirational: how to build fulfilling careers in the long run for JDs (are there sufficient generalist and specialist tracks available)?

These questions do not have easy answers and require other NWC JD Streams to chip in solutions as well.

The first baby step (out of many more to come) involves planning for a 24-hour call system. There are currently ongoing pilots at several inpatient departments to trial the effectiveness of 24-hour calls (that allow JDs to go off at 8 am post-call) and explore the possibility of expanding it nationwide. As a JD, I cannot deny that the thought of this does make me happy – who would not like a few more hours of rest after a long tiring night? Yet being on this subcommittee has made me realise the challenges accompanied: other JDs having to chip in more on the day you are post-call, and some senior doctors potentially needing to step down to help. In addition, data on JD working hours needs to be accurately captured to assess the effectiveness of this policy. For this, the SMA DIT Committee advocates passive work hour surveillance (eg, EMR log-on time), instead of putting the onus on JDs to actively report their working hours.

Improving JD well-being is a work in progress with various stakeholders involved and substantial resources required. MOH and MOHH have taken a bold step forward to define and acknowledge the issues surrounding JD well-being, and has begun to address these issues in turn. I hope we can all see ourselves as part of the solution, and lend our support to strengthen SMA's voice in this national conversation.

Text by Dr K Sri Karpageshwary

Dr Sri is a mother, wife and geriatrician in training. She is passionate about advocacy for her geriatric patients to ensure optimal care as well as for junior doctors to ensure a balance between their well-being and clinical commitments. In her spare time, she loves nature and listening to music.

The viral quote by Michael John Bobak came to mind when I got the invitation to write this piece: "All progress takes place outside the comfort zone."

COVID-19 has served as a catalyst to brave unchartered waters in healthcare, but now that the storms have passed, we are presented with an opportunity to address deep-rooted issues within the medical system. In particular, the concerns of the JDs.

The Ministry of Health (MOH) in conjunction with MOHH and stakeholders from various hospitals have set up national workgroups focusing on JDs' multidimensional needs in our ever-changing medical landscape.

I was nominated by the SMA DIT Committee to be part of the Stream 2 workgroup – which focuses on career development and training opportunities – serving as a conduit to channel concerns from the ground and to transform them into action plans with the likes of Prof Marion Aw, Prof Chan Choon Meng and Dr Lydia Au.

The SMA DIT Committee is an amalgamation of like-minded physicians with varying seniority to discuss issues pertinent to doctors' growth and welfare. Some of the prominent initiatives from the Committee include the House Officer handbook and post-graduate preparatory workshops.

The imminent challenge

Medical school often presents a singular perspective with respect to career progression post-graduation, much like racehorses with blinders on. Graduates steam ahead to the path of a specialist, particularly after the inauguration of the residency framework.

The current reality is that of dwindling available positions for each residency track. The result is a shrinking pool of middle rung JDs working towards the specialist track and several deserving applicants not getting into their desired residency.

Thus, we have to consciously remove our blinders even more so than before to widen our horizons and dive into available prospects that can not only further our careers but also serve as a good fit in the long term.

The discussion

The purpose of the Stream 2 workgroup is to present diversified career options for JDs.

Apart from the specialist track, the other tracks highlighted are the hospital clinician (HC) track and the resident physician (RP) track.

The HC track aims to attract JDs who want to practice broad-based inpatient care in tertiary institutions with the opportunity for advanced training and non-clinical positions (eg, in leadership and education).

The RP track serves JDs who have an interest in community-based practice, tapping further into the recent Healthier SG initiative to further emphasise the need for care continuity.

Each track has its own predesigned framework with specific requirements to be attained within a stipulated time for subsequent progression.

Awareness precedes change. Various channels of outreach are hence proposed by the Committee, including career fair days, MOHH-assigned career counsellors, and online enquiry channels for JDs to tap into. The recent SingHealth Residency Open House also centred a booth featuring the HC scheme.

The future

The hope is not only to ensure talent retention, but for each JD to find his or her niche and thrive in our medical community. For that to effectively occur, exploration of career opportunities is prudent.

Continued momentum is paramount to ensure that change is encouraged, and processes are reviewed regularly to ensure the highest quality of training.

In the medical fraternity, JDs are an integral weave in our medical complex network. The JD workgroups and the SMA DIT Committee recognise this and strive to ensure that recommendations given are sustainable, applicable and practical for the future.

The time is now for JDs to venture into new possibilities and create their own frontiers. ◆

Two Sides of Managing Manpower

Text by Dr Chia Lingyi and Dr Tey Min Li

As we begin to get a whiff of fresh air after clawing our way through the past three years of pandemic times, it is inevitable that we wonder: could things have been done differently? Although the number of healthcare workers' lives lost during this pandemic is markedly fewer as compared to when SARS hit Singapore in 2003, any life lost is still a devastating hit to the community.[1] On top of that, mental health and morale have been severely impacted.

While newspapers announced that hospitals were coping well and prepared for surges in COVID-19 cases,[2] we on the ground were told multiple times that manpower was strained due to the diversion of manpower to frontline services. Most people would remember leaves being cancelled, having to do extra shifts, and looking after an increased number of patients. Despite the addition of a third medical school in 2013 and an increase in the local yearly intake of medical students, why does it still feel that there are not enough doctors?

In this article, we examine the issue of manpower constraints and burnout from various viewpoints to facilitate better understanding between parties with the aim of bringing people together to reinvent and explore future possibilities.

Why did we feel so burnt out all the time?

Behind every occupied bed is a healthcare team working tirelessly to support the patient's medical needs. When COVID-19 reached our shores, hospitals coped with the surge in patient load by opening more wards (including virtual ones), setting up corridor beds and outdoor tents, and launching community care facilities (CCF).

The unprecedented strain on resources was reflected in a May 2022 *Today* article written by Dr Desmond Wai who said, "in [his] 20-odd years as a doctor, [he has] never seen hospitals here being so full".[3] He shared how four of the hospitals his team contacted were unable to accommodate a pregnant patient with an acute abdomen as they were all operating at maximum capacity.

Complex and ever-changing workflows compounded confusion. Doctors needed to adapt to multiple patient transfers due to changing isolation statuses. Additional time was required to don personal protective equipment (PPE) and sanitise rooms, complete paperwork, and placate relatives who were frustrated by the visitation restrictions. Managing increased patient anxiety and our own dampened morale whenever a patient suffered poor outcomes due to COVID-19 took a heavy emotional toll. And of course, there were the unavoidable urgent medical leaves resulting in last-minute roster changes (dear roster planners, we salute you).

Increased patient-to-doctor ratios and unpredictable day-to-day variability resulted in longer working hours and a lack of control over personal time. There was no guarantee to how long the pandemic would last and when restrictions on annual leave would be lifted. Stress, burnout and disillusionment were central themes that emerged across various personal blogs, social media accounts and public forums.

Why does a shortage exist?

Burnout from the high caseload and low manpower have likely led to the rise in attrition rates. Dr Janil Puthucheary, Senior Minister of State from the Ministry of Health (MOH), said in a statement that healthcare workers are becoming increasingly overworked and "about 1,500 healthcare workers have resigned in the first half of 2021, compared to 2,000 annually pre-pandemic".[4]

Globally, there is a shortage of healthcare workers, with the World Health Organisation estimating a projected shortfall of 15 million healthcare workers by 2030.[5] It is not surprising that developed nations would dangle attractive privileges to entice healthcare workers to work in their hospitals.

Incentivising foreign doctors to work in Singapore to expand the workforce can be considered. However, how much we can and are willing to offer is difficult to determine. In 2007, Dr Wong Chiang Yin, former SMA President (2006–2009), described concerns raised by various doctors regarding job opportunities in response to MOH's plans to bring in more foreign doctors.[6]

Aside from that, a substantial amount of time is required for the recruitment process. By the time doctors arrive, there may be an oversupply leading to new policies being implemented to differentiate doctors. Dr Wong also recounted how foreign doctors working in Singapore faced the risk of their temporary Singapore Medical Council registration expiring when the requirement of conditional registration

was raised from Graduate Diploma in Family Medicine to Master of Medicine in Family Medicine.

As for local universities, there is a lag time between when manpower projections are made, to when admission numbers are altered, to when these students graduate and become doctors.

For any significant increase in the number of doctors, we must also assess if the current doctors are willing to accept a higher level of competition for Medical Officer Posting Exercise positions, residency, career progression and income level in both the public and private sectors.

In addition to "absolute shortage", "relative shortage" is exaggerated during pandemic times. Diverting medical officers to hospitals with higher COVID-19 load and having surgical departments contribute doctors to emergency departments and CCFs can help to increase manpower where it is needed. However, time is required for specific skill sets to be trained (doing calls for another specialty that one is not used to is a very daunting experience).

How can we do better for the future?

More needs to be done to attract doctors to remain in the healthcare system, especially the medical officers and registrars. This is possibly the segment of the medical community that bears the brunt during surges in patient load in terms of physical hours spent doing patient-facing duties and uncertainty in work schedules (as their official working hours and number of overnight calls are not as protected as the house officers').

Perhaps we also ought to be more open-minded about possibilities – does the burden of data entry necessarily only fall on our junior staff (morning entry notes are becoming exceedingly complicated) and do certain tasks really have to be performed only by particular "clinical grades"?

Opportunities for career advancement must be made concretely available. Although specialist training and consultant positions cannot be offered to everyone, other avenues must be available for doctors to pursue a meaningful career with reasonable pay and working hours. More training funds and opportunities can be offered to junior doctors to upskill further. The development of the hospitalist clinician scheme is one that many will be watching closely and we certainly hope it will live up to its potential.

Dedicated career guidance could also be offered to help junior doctors better match their interests, skills and needs with available jobs and sectors with shortages. Open disclosure of information such as the competition ratios for training positions and position vacancies would help junior doctors plan for how they can find good, meaningful work.

The overnight call system can also welcome refurbishment. Some departments have started trialling the float system. During high patient load, locum doctors were employed to assist with some community hospital calls. These can be some of the solutions to help make it more sustainable for doctors who remain in the system.

Admittedly, retaining doctors in the public healthcare system has always been an issue as the public sector will never be able to match the pay rates of the private sector. The socio-economic challenge faced by doctors of the current generation is multi-directional: the average doctor works five and a half days per week (with the occasional overnight shift). He/she may be the only child (or one of two) supporting two elderly parents who may require assistance with activities of daily living. He/she may also be a parent of young children that he cannot personally look after for the majority of the time due to work commitments. Inevitably, other jobs that offer more flexibility – working from home, being able to take leave on short notice – will start to appear more attractive. As such, junior doctors should not be labelled en masse as the "strawberry generation" and their challenges must be acknowledged.

Passion and the desire to do good may be the reasons that brought people to study medicine, but they cannot be the only factors relied on to retain doctors in the public sector. Meaningful training opportunities, career stability, the chance to make a difference in the lives of our patients regardless of their ability to pay, and the prospect of nurturing the next generation of doctors are all factors that contribute to retention.

Ultimately, it may be the daily acts of kindness and mindfulness that matter the most: buying food for the team too caught up with changes; seniors stepping down and spending extra time to lend overworked juniors a helping hand; or a warm hug for the teary doctor who just had a bad call.

Even though we each are small parts of a large system, it feels good when we reside in a system that affirms this: You are valued. You are important. ◆

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Dr Chia is a resident in the family medicine training programme. Outside of work, she manages the website Before Beyond (https://beforebeyond.pages) which provides grief support and raises awareness about end-of-life challenges. In her free time, she makes art at The Iola Gallery (https://theiolagallery.blogspot.com).

Dr Tey is Dr Chia's classmate and currently a medical officer on Medical Officer Posting Exercise. She hopes to try to do some good with her time in life.

The Great Resignation

Text by Andrew Chan Chee Yin

Editor's Note: While this article was written by a lawyer for lawyers, it is telling that much of what Mr Andrew Chan has written can be applied to the relationship and power dynamic that senior doctors have with their juniors. It is no secret that the life of a junior doctor is tough. How can senior team members continue to encourage and nurture our juniors while balancing the clinical needs of our patients? This article does not have all the answers. Some of what is said may not be directly applicable. However, it is food for thought, and something that we somewhat jaded seniors may want to keep in mind as we listen to our juniors presenting in the next ward round.

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I have followed the recent discussions on the exodus (also known as "The Great Resignation"), particularly of younger lawyers. This has raised concerns. Is the attrition rate a sign of something direr?

Having practised law for close to 30 years, I hope that my perspective can help to shift the balance of the conversation, in that we can do much to facilitate the finding of fulfilment in legal practice. There are many of us who can facilitate and welcome those jaded by what they have experienced, to help open their eyes and show that there are fulfilling ways to practise law.

What qualifies me to share my perspectives? A bit of my background may lend credence to my views. I joined Allen & Gledhill as a pupil on Star Wars Day (May the Fourth for the uninitiated) in 1992 and I never left.

I made partner at the start of the new millennium, on 1 January 2000. I currently have a team of eight lawyers working with me. Save for two external lateral hires, each member has been with the firm since their pupillage/ practice trainee days. The two lateral hires came in last year, and are the first external lateral hires I have had in my more than 20 years as a partner. My team's individual experience ranges from less than a year to more than 12 years. There is a good spread of experience, meaning that I do not have a top or bottom heavy team (I am not talking about physical attributes). I should add that my secretary has been with me for more than 22 years.

While I certainly have flaws, I do hope that this record qualifies me to say something on the exodus.

Seven Principles

I will share my perspectives using the acronym **S-O-C-I-E-T-Y**.

Stress or Safety (SoS)

Early practice can be stressful. There is pressure from partners, clients, seniors, opposing counsel; the list seems endless. Lacking experience or know-how, many in early practice at times feel incompetent or stupid. I did. Very early on, I tendered my resignation twice only to be persuaded to stay on. I am glad I did.

At that stage in practice, it is difficult to even think of staying on or growing when the stress is overwhelming. **We need a place where there is psychological safety, so that we can manage (not eliminate) stress.**

My team recognises this. We have a broad range of experience, so juniors are not thrown in the deep end. Tasks are assigned according to levels of experience. Each team member is allocated work in accordance with their experience and competency. Then, as members of the team gain experience and new members join, there is growth and development. This range of

experience also means that team members can cover for each other when members are on leave. Thus, there is a constant stream of support, learning and teaching in the team.

I appreciate that this may not be possible in smaller teams. Whatever the size of the team, my firm belief is that those who are more senior can do much to help the younger ones, because that consideration pays forward. Do we treat our associates well? Many horror stories have been told about how some associates have been treated in some firms. For me, and for many others I know in practice, the most important factors in an employee's job satisfaction is the immediate boss. What kind of a boss should one be – one that adds to or is the main source of stress? Or one that understands that there is stress and actively works with the entire team to help manage it?

Sometimes, a senior lawyer who is successful in practice may not be able to maintain a consistent team. Some senior lawyers may be impatient or unreasonable. Young lawyers join their teams in the hope of emulating them one day, but end up stressed, burnt out and leave. Here is food for thought for these types of senior lawyers and those who work with them. This comes from my experience as a counsellor to recovering drug addicts and others.

"Anger is the symptom of blocked goals". Some successful lawyers are not known to be patient or nurturing. Their goal is to do well for the client, and this includes setting unreasonable targets that will inevitably have associates working weekends and overnight. Long working hours with just two to three hours of sleep become the norm. Associates who struggle to meet these targets then face the wrath and impatience of the boss. Some of these bosses add stress to themselves by setting difficult targets, because it is their own reputation and relationship with the client on the line. In turn, they become more temperamental – the anger at and treatment of the associates stem from their blocked goals. The associates then feel as if they are treated as machines relentlessly grinding out deliverables.

On the flip side, some associates who underperform are quickly abandoned by their bosses. They are given the "cold storage" treatment and given minimal or less important responsibilities. It is stressful to be left out. Should senior lawyers be slower to give up on their juniors? Should they try to be more encouraging, remain hopeful, and help develop the associate? Associates need time to develop. I have seen associates whose morale was low in having been left out, but with encouragement and opportunities to develop under the caring guidance of mentors, they are now doing very well in practice.

For the younger lawyers reading this: what happens when your senior's goals are different from yours? For the senior lawyers: can you consider having an additional goal in your practice? I have found it helpful to set, as a goal, the development and well-being of team members. When I take time to help members of my team learn, develop, and grow in confidence, skill and maturity, in the long term, I meet my other goal of doing well for clients. This is how I have sustained a practice with a strong team that has members that grow and become partners, and then work with younger lawyers in the same way.

I should add that whatever the size of the team is, we should do what we can. One advantage of a smaller team is that seniors are able to give more attention to juniors. Many years ago, when I had a smaller team, I had an excellent intern. At the end of his internship, I told him that when he graduated, he should work with a senior counsel, let's call him "X". I said that while X may have less time for him, "half of X is better than all of me". The intern's response was, "All of you (ie, me) is better than all of X." The internship made an impact. One advantage of small teams then is that younger lawyers may benefit from the greater attention and guidance of more senior lawyers.

Another way to manage stress is that I encourage my team members to pursue interests more meaningful than their work. It gives you alternative perspectives. For the first decade of my career, I conducted a chapel service and counselled recovering drug addicts. Once, after helping to conduct a Bible study session at a halfway house, a resident told me that he felt inspired and looked forward to reconciling with his father whom he had been at loggerheads with. The following week, however, I was told the resident had passed away. He had gone home high on drugs. His father told him that he had no such son. The resident agreed and leapt to his death from an HDB block.

In helping others, I have in a way learnt to see how blessed we are. How can I even begin to compare the life issues they face with the pressures and problems I encounter at work? It puts things into perspective.

Opportunities

Within a place of safety where stress is properly managed, we seniors can and should explore helping our younger lawyers develop by giving them opportunities. I often consider and discuss my members' strengths and interests, and if I can, I try to allocate work accordingly. When a lawyer works on an area of interest, there is greater passion, satisfaction and fulfilment. Having a mix of work also helps to lessen the burden of doing less interesting and engaging work. This is all a matter of growth and development. That said, there have been instances where I have encouraged team members who initially had no interest in a particular area to try their hand at it. I once told a new team member – "*give me six months*", when he told me he had no interest in Restructuring and Insolvency (R&I) work. Today, the team member in question is not only very passionate about R&I, but is also very successful in the area.

When it comes to opportunities to argue cases in court, I try to give the team members appropriate opportunities. This may mean persuading the clients to allow younger lawyers to conduct some hearings (eg, on the basis of costs management). While this also

means that I have fewer opportunities to do hearings myself, I accept that because my goals at this stage of my career are different.

I often give my team members the limelight and client-facing opportunities. For example, I curate speaking opportunities for team members, or include them as speakers on sessions that I anchor. Once, in a team contribution to an update of a book chapter, the publisher limited the number of recognised authors. I chose to omit my name as author so that the most junior associate who helped was recognised.

There is one exception to placing my team members at the forefront. Where one may have to face particularly difficult parties or tricky situations, I will place myself at the forefront. As seniors, our shoulders are broader and we should not just leave our juniors to face the situation. Remember, there is the need for a place of safety.

Communicate

It is important to communicate with team members. Sometimes, in practice, we have doubts and need guidance. We want to know where we stand and appreciate having someone more senior to talk to. Communication should go both ways. One strength of the team is that each member is free to tell me where I have gone wrong and give suggestions on how we can do better. They really do. I appreciate this input from my team members. There have been times when I have avoided mistakes or when we have done better because of their input. I have seen some teams where only one or two people give input. Those teams may only be as strong as their most vocal members.

Also, how we communicate with our team members is important. We should consider carefully our choice of language. I have seen how loud and colourful language can be hurtful and not helpful.

This is one way in which I encourage communication within the team. We have a team rule. If anyone tells me that they have made a mistake, I promise that I will not get angry and that we will work together to solve the issue. One day, an associate told me that he had made a mistake. I cringed and was about to raise my voice. My associate saw me cringing, and he swiftly reminded me of my promise! We laughed. I calmed down and we got the issue resolved in a composed and considered manner. He was willing to admit his mistake and willing to remind me of my rule. That, to me, is a safe environment.

Impart knowledge and skills

It is important that we seniors facilitate the impartation of knowledge and skill. For one, I take the time to conduct personal teaching sessions for each team member. I often share that one of the most important things in early practice is to develop a trained mind: a mind that can properly analyse and solve issues.

As we become more competent and skilled, we are better able to cope with circumstances, grow in confidence and generally feel good. In my experience, for many associates, the confidence and ability to run matters with less or minimal supervision comes in their third to fifth year of practice. **We need to give our associates time to grow and to develop and, in this respect, give them increasing ranges of discretion as they progress.** This means that in the earlier stages of practice, I adopt a more "hands-on" approach and may sometimes micro-manage. As the associates gradually progress and develop in skill, confidence and maturity, I will gradually ease off and take on a more macro role in management.

Often, I encourage my associates to share their reasoning with me on why a course of action needs to be taken. We have an open discussion, where I share my reasoning. I have been persuaded to follow their proposals, and when we do not, it is after much discussion. The result of having such discussions is that the way forward is an effort arrived at through reasoning, discourse and analysis. These open and honest discussions are also formative because they give associates the space to think about how they can value-add, based on **their initiative**. Thus, by the time the associates make partner, they are ready to run!

This is how I inculcate in my team members ownership of the solutions we execute for clients. **The team members who feel that they have an active role in decision making are, if I may suggest, more likely to stay on longer in practice.** They see a hope for the future, and they have the skills to make that hope a reality.

Equitable

Fairness and equity is an important factor in job satisfaction. We cannot always get what we want. At times, when my team members do not get what they want or what they expected, I have taken time to explain. Not all explanations are satisfactory or fully accepted. However, in my experience, the fact that one is willing to have the discussion with them is often very much appreciated.

Also, if there is a client complaint, I will take time to understand the complaint and speak to the team member involved. I will hear from both sides, the client and my team member, without making a judgement call prematurely. This ensures I am not too quick to blame my team member. This is being equitable.

Transparency

Several years ago, one of my senior associates told me that I may lose members of the team because they did not know what I was thinking. It was a complex transaction and we needed to move very quickly. Team members felt pressured with the pace of work, which was made worse when they did not know what I was planning. I took a step back and realised that unless there was transparency and sufficient mutual understanding within the team, we would not be able to progress. We got that corrected.

When considering the point on transparency, it is more than just communication. Actions speak louder than words. Actions of bosses must match their words. A boss who says one thing but does another is not transparent. A classic example of this

is a boss who constantly says that everything is urgent, but when drafts are prepared, takes an inordinate amount of time to review them. How many times can a boss cry wolf?

Transparency lessens stress, increases efficiency and gives each member a role in contributing to the team effort.

Yoked

There are times when practice is especially challenging and there is a heavy burden or obstacle to overcome. Are we yoked together? Is each member pulling her or his own weight? Are there times when one team member is overwhelmed and the rest of the team should carry more of the weight? Are there times when we should allow our team members to bear most, if not all, of the burden so that they develop muscles or skills? Are there times, when we can say to our younger members, "Take my yoke upon you," so that they can develop, and more importantly, so that they know you trust them to do it?

How we are yoked together and how we manage this from time to time is, in my view, important to job satisfaction and happiness.

Conclusion

The third to sixth year of practice is a time when many associates will consider moving on. Should they stay or move on? This depends. On my part, I will not stand in the way of team members achieving "greater heights" and a "proper landing" in life. Two of my former associates have left the profession to become commercial pilots. One day, I was on a commercial flight and I heard the voice of the pilot addressing the passengers. It was one of my former associates. I was being brought to greater heights by and had a proper landing with someone I was associated with. The other pilot not only pursued his interest of being a pilot, but also captained a Singapore team to a Southeast Asian Games gold medal! I am proud of team members who have left us for greater things. I am also proud of those who are still with me.

We can each do our part. Hopefully the S-O-C-I-E-T-Y principles discussed here can help you find meaning within the legal profession, as I have.

One final word. One ministry in church that I undertake is to preach at wake services in memory of those who have departed. When I prepare my messages, I often make only passing reference to the achievements of the departed. I have been told that what is far more meaningful and appreciated are the references and reminders of the personal moments of kindness, assistance and impact the dearly departed has had on the lives of those left behind.

What would *you* like to be remembered for? ◆

Andrew is a Partner at Allen & Gledhill LLP with over 30 years of experience in legal practice. He is a specialist in dispute resolution (especially arbitration), trusts, and insolvency (corporate and personal). Outside work, Andrew is a lay preacher at Faith Methodist Church and he helps out at FaithActs, a community service catering to youths, families and seniors.

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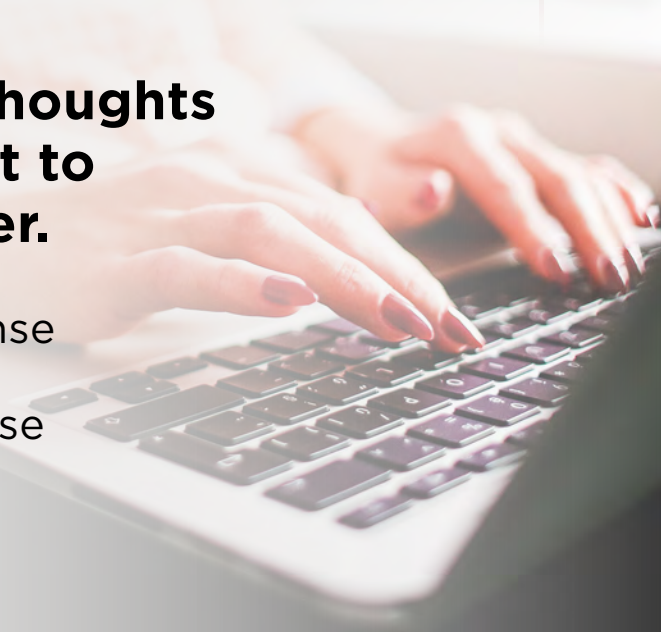

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Caring for Persons with Diminished Capacity – CERTIFYING AN LPA

Text by Dr T Thirumoorthy and Dr Giles Tan

The SMA Centre for Medical Ethics and Professionalism (CMEP) Webinar on "Certifying Lasting Power of Attorney under the Mental Capacity Act – Understanding the Issues and Avoiding the Pitfalls" was held on 30 April 2022, Saturday (12.30 pm to 4.30 pm). This was a joint collaboration between SMA, the College of Psychiatrists of the Academy of Medicine, Singapore (AMS) and the Law Society of Singapore (LSS). The start of the webinar was marked by opening addresses by the presidents of the SMA and LSS. The webinar featured four speakers (two lawyers and two doctors) and was followed by a panel discussion. We were honoured by the presence of the Public Guardian during the panel discussion.

The learning scope of the webinar included (i) the legal basis of the Lasting Power of Attorney (LPA) in the Mental Capacity Act; (ii) the various steps in certifying an LPA; (iii) appreciation of the various medical issues in mental capacity assessment of the Donor; and (iv) medical and legal red flags and pitfalls.

The poll and its analysis

There was a total of 142 participants, of which 89% were doctors. 33% of participants had completed the SMA LPA Certificate Issuers course. 40% of participants had ever issued an LPA and 20% had issued more than five in the last year. Approximately 37% and 44% of participants were confident in doing a mental capacity assessment in general and for the LPA issuing, respectively. Another 30% were confident of completing the steps of correctly filling the LPA application. What we can conclude from the above poll results is that, although the majority of participants have not issued an LPA before, and have little confidence in mental capacity assessment and the steps in filling the LPA application, there is a strong interest to learn and improve their professional skills.

What we learnt from the lawyers

Mr Chong Yue-En covered the topic of legal nuts and bolts of the LPA Certifier. Mr Goh Kok Yeow covered the duty of care and potential liabilities of LPA Certificate Issuers (CIs).

Duties and responsibilities of LPA CIs

The first duty of the CI is to ensure that the donor has read the essential information and understands that the LPA will give authority for the donee to make decisions on the donor's behalf when he/she loses capacity, and the significance of the LPA. This means that the CI must personally interview the donor.

Next, the CI is to be aware of the duties and responsibilities, which include (i) enabling the donor to understand the purpose of the instrument and the scope of the authority conferred; (ii) ensuring that there is no fraud or undue pressure being used to induce the donor to create the LPA; and (iii) covering all other issues that would prevent the LPA from being created. The CI should be aware of and avoid conflicts of interest in assuming the role of CI in this case.

It is important to use open-ended questions when asking the potential donor what they understand about the LPA, and to have a good understanding of the donor's family tree and their reasons for the choice of the donee(s). Adequate time ought to be spent on the donor's understanding of the scope of the authority given to the donee under Personal Welfare and Property and Affairs.

Red flags to be aware of

The common red flags to be aware of are:

1. The donor is unable to express his/her understanding when it comes to the technical legal nature of the LPA. The donor appears to be confused.
2. The donor or a relevant person informs you that the donor has a mental or cognitive impairment.
3. The relevant person who contacts you is "gatekeeping" the donor for much of the process of creating the LPA.

4. The relevant person who contacts you tries to pressure you to certify the donor quickly or hurriedly, and is uncomfortable when details and clarification are sought.
5. The relevant person who contacts you has a history of "CI-shopping" for a CI who will issue an LPA certificate when the donor's capacity is in doubt or if there is suspicion of fraud or coercion.

Apply due diligence and no shortcuts

CIs are reminded that the LPA is a legal document and that serious professional conduct issues or even tortious liabilities exist for the CI where the LPA issued cannot be registered or is revoked due to negligence. Due diligence, working within one's competence, and exercising judgement in good faith are important steps in avoiding negative professional accountability matters. This means that the CI must be actively engaged throughout the entire process and personally witness the execution of the LPA.

There is no excuse for shortcuts or expediency, regardless of how little the fee charged for issuing the LPA Certificate. The CI must at all times fulfil his/her duty of care and meet the standard of care.

Contemporaneous and comprehensive documentation of the LPA process is an important defence in professional accountability. An LPA CI is strongly advised to make and retain notes of the donor's responses to the questions posed.

Table 1: Recommended comprehensive questionnaire for donors when red flags appear or in potentially risky cases

1. What is your understanding of what an LPA is?
2. What are your reasons for making an LPA at this time?
3. Have you discussed with your family members that you are making an LPA?
   (a) Ask about the donor's family composition.
   (b) If not, why not?
4. Why have you chosen me to be your certificate issuer?
5. Who have you chosen to be your donee?
   (a) Why him/her?
6. Have you discussed with other members of your family your choice?
7. What powers are you giving to your donee under the LPA?
8. What types of decision would you like your donee to make?
   (a) What (if any) should they not take?
9. If there are any restrictions in the LPA (eg, home not to be sold), what do you believe the restrictions achieve?
10. Has your chosen donee provided you with answers to any of these questions?
11. Do you have any reason to think your donee could be untrustworthy?
12. Do you know when you could cancel the LPA?
13. Are there any other reasons why the LPA should not be created?

Questions provided by Mr Goh Kok Yeow, Co-Chair, Probate Practice Committee, LSS

What we learnt from the doctors

Dr Aaron Ang covered the topic of "Understanding the Medical Issues in Certifying an LPA" and Dr Chen Shiling discussed "Medical Red Flags and Pitfalls in Certifying an LPA".

General principles

The first principle to appreciate when caring for persons with diminished capacity is to find the right balance between respecting their wishes and concerns for their safety and welfare – this is the principle of Respect for Persons.

Having "Mental Capacity" is defined as the **ability** of a person to make a **specific decision** at a **particular time** that the decision needs to be made – a person's capacity is *decision- and time-specific*.

In complex cases, there is a need for a higher cognitive capacity and capability in the decision makers. In other words, a person would be required to demonstrate a greater ability to process and reason about the complex information involved than is needed for less demanding or lower-stakes decisions. The concept of capacity is as a sliding scale and a spectrum rather than as an "either present or absent" dichotomy.

Mental capacity assessment

In addressing the question of "Is the person suffering from an impairment of, or disturbance in the functioning of the mind or brain?", this can be viewed under two categories; namely, medical causes commonly represented in delirium, dementia, head injury and stroke; and psychiatric causes such as schizophrenia, bipolar disorder and major depressive disorder.

Next, one has to assess whether the condition is temporary and reversible or permanent and irreversible. In persons with intellectual disabilities, one needs to consider whether the condition started in early life (birth), and whether their symptoms are persistent or even progressive. To serve the best interests of the person where the lack of mental capacity is temporary, where appropriate, is to do the needful to reverse or remove the blocking factors and delay the decision until the patient regains their capacity.

Communicating the decision

As to the question of ability to communicate the decision, whether by talking, using sign language or any other means, one must consider other sensory and motor disabilities such as hearing impairments, visual impairments, language issues or even the donor's educational level. Here, we are reminded that the principle of Respect for Persons is for him/her not to be treated as being unable to make a decision, unless all practicable steps taken to help the person to do so have been taken without success.

Comprehensive information collection and verification

In collaborating with persons and patients who request for an LPA, the collected history needs to be extended beyond just medical conditions, cognition and mental capacity. As the LPA is part of the journey that can lead to critical issues such as end-of-life care and relocation to a nursing home, the assessment needs exploration of the psychosocial, cultural and financial aspects, including an exploration of their wishes, values and beliefs. It is important to explore and clarify answers like "It does not matter", "Not important for me", or "I don't care or don't know".

The faculty and facilitators of the webinar

Decision-making in an LPA application can be difficult and complex; professional support and guidance is required in an empathic and active communication in order to build a strong professional relationship.

Concluding thoughts

In the feedback on the webinar provided by the participants, more than 96% agreed that the concepts presented were useful and relevant to their work and helped in their learning process.

In Singapore today, the prevalence of dementia among those aged 60 years and above is estimated to be five to ten percent. More than 556,000 persons were admitted to hospitals in Singapore in 2020, of which 34% (about 190,000 persons) were above 65 years old. This gives a conservative figure of around 19,000 persons admitted to hospitals who would have diminished capacity to conduct medical decision-making. It is logical to conclude that persons with dementia are often over-represented in outpatient clinics and hospital admissions. As such, doctors in clinical practice will be managing an increasing number of patients with reduced mental capacity in coming years. ◆

The Mental Capacity Act (2008) enables individual Singaporeans 21 years and older to appoint trusted persons to make decisions on their behalf if they lose their mental capacity in the future. The Act also allows parents of those with intellectual disabilities to apply to court for appointment of a trusted person as deputy to make decisions for their children when they pass on. Under the Act, persons who wish to make advance plans for themselves can do so through executing a LPA.

The core purpose of SMA CMEP is to educate and enable doctors to fulfil their professional, ethical and legal responsibilities. In January 2013, SMA CMEP commissioned a Free and Online Training Module for LPA CIs. So far, at least 1,519 doctors have registered and 956 doctors have completed the training. In July 2015, SMA CMEP launched the Free Online Training Module on Assessment of Mental Capacity and Skills in Medical Report Writing. In August 2017, SMA CMEP also established a Free Online Training Module on Assessment of Mental Capacity and Skills in Medical Report Writing with a Focus on Persons with Intellectual Disabilities.

SMA CMEP has fostered collaborations with the College of Psychiatrists, AMS, the LSS and the Office of the Public Guardian in developing educational modules to enable doctors to fulfil their ethical and legal obligations in the caring of persons with diminished capacity.

Dr Thirumoorthy has been with the SMA Centre for Medical Ethics and Professionalism (SMA CMEP) since its founding in 2000 and has most recently been given the responsibility of being the SMA CMEP Academic Director.

Dr Tan is a neurodevelopmental psychiatrist at the Institute of Mental Health, Associate Director of SMA CMEP, Honorary Secretary of the College of Psychiatrists at the Academy of Medicine, Singapore and Vice-President of the Singapore Psychiatric Association.

Recharging While Working

Compilation by Joycelyn Soo Mun Peng and Helen Cai

Medical school is an intensive period of training and studying, filled with periodic theoretical and clinical examinations to prepare for. It is a common perception that this leaves little time for leisure activities. In this piece, fellow medics share how they unwind in the midst of their busy schedule and are not "all work and no play".

Text by Darren Lim Zi Yang, Year 3 medic at the NTU Lee Kong Chian School of Medicine

"Medical school is going to be tiring and you will be spending most of the time studying in the library." I guess this is the most common perception people have of medical students. Having experienced two years of medical school, I agree that the going gets tough but the journey can be extremely fun and rewarding as well. I will be sharing my personal experience of how us students can have fun and not burn out from the vast amount of knowledge that we have to acquire.

Lessons at LKCMedicine are structured as team-based learning (TBL) and studying is mostly on an "own time own target" basis where we have to finish learning a particular set of content prior to a lesson. As such, our timetable caters for days of self-studying; as long as we are disciplined, there will be free time for us to pursue hobbies or relax. Personally, I would spend my free days going out with friends and on activities that would give myself a break from studying. I play sports such as floorball and basketball during my free time and to me, it is very important to engage in physical activities since we spend a significant portion of our time being sedentary while studying.

We are allocated TBL groups during lessons and these groupings remain the same for the rest of the year. As such, I make it a point to have time to bond with my teammates and build our relationship and rapport since we will be working together a lot during term time. LKCMedicine has dual campuses: the main campus at Nanyang Technological University (NTU) and another at Novena, Clinical Sciences Building (CSB). Most of our lessons are held at CSB and there are many facilities available there for us to relax and unwind. During breaks in-between classes, we can enter the student lounge to play pool, or go to the house rooms to play *Wii* games, or just "chill". If we feel like working out, we can utilise our breaks to play ping-pong or access the gym for a quick exercise. The facilities are wonderful and are readily accessible to ensure that we have our own "downtime".

Medical school is not all about work. Yes, we do work hard but we can play hard as well.

Text and photo by Matthew Wong Yu Heng, Year 2 medic at the University of Cambridge

Medical school in Cambridge is generally pretty tough. The short term time (three terms of 70 to 80 days each, named the Michaelmas, Lent, and Easter terms) means that the entire year's content of anatomy, biochemistry and physiology is taught within four months. The examinations can be exceedingly difficult and they assess a wide range of skills: from evaluating one's attention to detail and rote memory in the multiple choice questions to one's general understanding, creativity and synthesis of content in the essays. With the academic rigour, many of us suffer from burnout closer to examinations.

Let me divide the academic year into two periods as I explore how we medical students relax or recharge. The first period is the four months where we actively attend lectures and weekly supervisions, and learn the course content for the first time. The second period is the three weeks before the examination period where regret sets in, the gravity of our lack of knowledge becomes apparent, and (last-minute) studying becomes most intensive.

Personally, I would immerse myself in non-academic activities during the first period. As an avid squash player, I joined the university team and so trainings occupied a sizeable chunk of my week. Closer to the varsity match against Oxford, I recall training approximately five to six times per week. On days without training, I either found other modes of exercise (this honestly only happened on days I was feeling *particularly* motivated) or spent time socialising and going out with friends. In Cambridge, there are a myriad of societies and miscellaneous events that you can sign up for as well. I have also been peer pressured into joining friends on walks to places in the middle of nowhere, and those served the dual function of helping me unwind while allowing me to explore the unchartered territories of the UK. Nobody said being a tourist and medical student were mutually exclusive. During this period, I also travelled frequently to London to meet friends.

The second period leading up to the examinations was more stressful, and sanity felt difficult to maintain at times. Personally, I am physically incapable of studying more than eight hours per day so I typically allocate six to seven hours on work and spend the rest of the day on other activities. During this period, socialising and *proper* quality sleep are the best cures for mental enervation. Midday naps were at first a luxury but grew to become a necessity for me. Interestingly, there are even ways to be efficient about *breaks* as well. I began to schedule running necessary but time-consuming errands immediately after my study sessions. That way, my brain was recovering from the mental fatigue while I was still doing something productive. To unwind, I also watched movies and joined my friends in impulsive, spontaneous activities such as (more) walks, meals, exercises, random society events and Cambridge formals.

Ultimately, it is unlikely that you can escape the mountain of content that is intrinsic to the medicine course. Rather, the best way to mitigate stress is simply to immerse yourself in non-academic activities throughout the week/academic year while consistently studying a little every day. ◆

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