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MAY/JUNE 2025

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From Technology Adopters to Solution Creators: The New Role of Clinical Educators

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NHG EDUCATION

From Technology Adopters to Solution Creators: The New Role of Clinical Educators

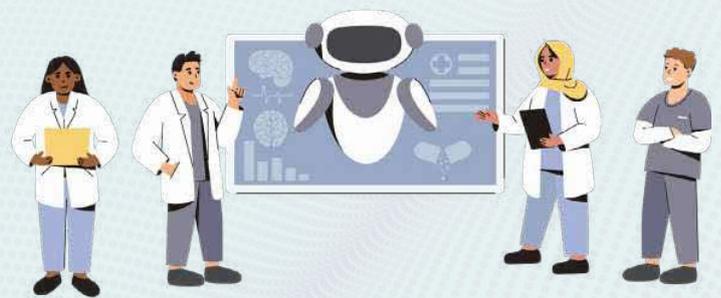
The role of educators is rapidly evolving with advancements in artificial intelligence (AI). Assistant Professor Chow Minyang, Consultant in General Medicine at Tan Tock Seng Hospital and keynote speaker at the Healthcare Empowered by AI Launchpad session on 21 February 2025, presented a vision for clinical educators (CEs) in this AI-driven era.

Drawing on insights from Dr Deborah Simpson at Aurora Health Care in Milwaukee Wisconsin, Asst Prof Chow emphasised that CEs must go beyond simply adopting AI technologies. He argued for active engagement in creating customised AI applications to improve health professions education (HPE) practices.

"My vision extends beyond educators who merely integrate existing technologies. Educators should actively create tools to enhance their roles as diagnostic assessors, content curators, and learning environment designers."

Asst Prof Chow highlighted issues with relying solely on AI engineers for educational technology development, noting differences in priorities and terminology that often result in products misaligned with educational standards. He strongly advocated for collaborative approaches grounded in educational theory and domain expertise to ensure AI technologies effectively support educational goals.

"You are the best person to create the solution you're looking for. With AI, you can scale new heights," stressed Asst Prof Chow.



Prototyping using AI

Advocating prototyping, Asst Prof Chow illustrated how AI and Large Language Models (LLMs) can streamline educational tasks. He shared a successful 2023 project where his team used LLMs to generate 200 multiple-choice questions (MCQs) for medical specialty certification examinations. The goal is to retain exam validity, whilst reducing manpower and cost when crafting the 200 MCQs per exam every quarter. The AI-generated MCQs demonstration impressed Singapore's Director-General of Health, leading to national approval and implementation.

Additionally, Asst Prof Chow also shared a separate successful collaboration with Nanyang Technological University's Lee Kong Chian School of Medicine, developing an AI-assisted grading system for short-answer questions and essays. This will reduce assessment fatigue among evaluators. The group's work attracted attention from Singapore Health Services (SingHealth) and the College of Clinical Educators, highlighting AI's potential in HPE.



Clockwise from bottom left: A/Prof Chow, with fellow panellist, A/Prof Ng Yih Yng, A/Prof Michelle Jong, and Prof Terence Tang

Learning About New Tech Through Play

Addressing challenges in AI adoption, Asst Prof Chow noted clinicians often prioritise immediate clinical demands over innovation. He recommended upskilling "clinician educator developers" or "citizen developers" to promote tailored AI educational technologies. CEs interested in beginning their AI journey can adopt an experiential approach rooted in Montessori educational principles.

"I would defer to the principles of Montessori learning by playing. The more you play with these tools, the more you realise how exciting they are, and that's how I started," Asst Prof Chow shared.

"Three years ago, I had no experience with programming languages like Python or React HTML. Experimenting with these tools allowed me to learn and appreciate their educational potential. So, playing to learn is my de facto."

He also encouraged CEs to (a) participate in specifically designed workshops and training sessions for clinicians conducted by NHG College, (b) engage with existing AI education communities or teams, such as AINE (AI-enabled Education), which can provide essential guidance and collaborative opportunities, and lastly, (c) experiment with small-scale AI-driven projects directly aligned with their teaching goals or administrative needs, allowing CEs to progressively build confidence and proficiency in integrating AI into their educational practices.

Through AINE, Asst Prof Chow aims to elevate teaching, streamline administration, and accelerate learning by providing custom, accessible, and no-cost AI-driven educational tools, sponsored by NHG Clinical Education.

"AI should not become a crutch," he cautioned. "Over-reliance on AI may diminish critical thinking. However, using AI as an enabling tool allows educators and learners to overcome educational challenges and achieve significant improvements.

"And with AI, the clinician educator of tomorrow won't just adopt technology — they'll create it, sharpening their effectiveness as assessor, curator, coach, and architect of vibrant learning ecosystems."

“

The more you play with these tools, the more you realise how exciting they are, and that's how I started."

- Asst Prof Chow Minyang



Humanity at the Heart of Healthcare Seminar Series by Institute of Humanistic Medicine:

A Glimpse Into the Cost of Caring: Building a Culture of Support & Resilience in Healthcare

Healthcare professionals (HCPs), driven by a deep-seated commitment to compassionate care, frequently shoulder substantial emotional, psychological, and spiritual burdens. Acknowledging this reality, the Humanity at the Heart of Healthcare (H3) Seminar Series launched its first session of 2025 with an insightful exploration of the 'Cost of Caring.' The session featured Professor Lalit Krishna, a senior consultant at the Division of Supportive & Palliative Care of the National Cancer Centre Singapore; Associate Professor Aaron Ang, a senior consultant at the Department of Psychiatry of Tan Tock Seng Hospital, and the Director of NHG's Institute of Humanistic Medicine (HuMe); and Dr Shaik Amin, a senior research analyst of NHG Group Clinical Education, and a research faculty of HuMe as the moderator. The session aimed to highlight these costs and propose actionable pathways to bolster support, enhance resilience, and sustain long-term professional and personal wellbeing.



The Cost of Caring

Prof Lalit outlined the “cost of caring” as a complex set of emotions that HCPs experience during their care, including moral distress, compassion fatigue, vicarious trauma, and burnout.

He noted that while the western concept of “moral distress” defines it as a “feeling of not being able to do something that you know”, the Southeast Asian definition is much more socio-culturally sensitive.

“It’s about not being able to do the things that you believe is right,” said Prof Lalit.

This repeated feeling of conflict between the HCP’s personal values and professional duties contributes to a significant emotional strain and professional dissonance, and this may lead to “compassion fatigue”, explained Prof Lalit.

He characterised “compassion fatigue” as emotional exhaustion, loss of motivation, and decreased empathy toward patients, and explained that this fatigue not only impairs the professional capabilities of HCPs, but also extends into their personal life domains — affecting relationships and reducing overall life satisfaction.

Prof Lalit also introduced the phenomenon of “vicarious trauma” or secondary traumatic stress, describing it as the unintended absorption and internalising of emotional trauma experienced by the patients.

“They (HCPs) deal with the patient and take upon themselves... the suffering of others. They watch patients suffer... They watch their (patients’) loved ones suffer along with the patients,” he shared.

“It’s hard not to be affected by that.”

Over time, the cumulation of all the different distress and traumas manifest as burnout, marked by emotional depletion, increased cynicism, decreased professional efficacy, and a sense of detachment from the job, said Prof Lalit, adding that this often prompts HCPs to embark on a journey of existential introspection, where they fundamentally question their professional identity, core values (that makes them who they are), relationships with others, and even spiritual beliefs, leaving lasting emotional scars that reshapes their professional trajectory.

Supporting HCPs Through Mentorships

Prof Lalit stressed that timely, personalised and appropriate support is key to shaping how HCPs develop and contend with competing beliefs from the costs of caring. He advocated for a cultural transformation within healthcare settings, emphasising openness, empathy, and psychological safety. Prof Lalit also recommended destigmatising the pursuit of emotional and mental health support among HCPs and instead, increasing access to psychological interventions, regular guided reflective sessions, peer support groups, and robust mentorship programmes designed to provide consistent emotional reinforcement.

He shared his own experiences with his mentor, the late Professor Cynthia Goh, who served as an enduring source of emotional, psychological, and professional support to him, during various segments of his life stages, personal crises, and career milestones.

“The cost of caring comes when you’re sitting quietly and watching the sky, and the patient voice is in your head... or when you see someone that reminds you of them... or when you deal with difficult situations,” Prof Lalit shared.

“That’s where your mentor comes in.”



Clockwise from left: Prof Lalit Krishna, A/Prof Aaron Ang (Clinical Discussant), and Dr Shaik Muhammad Amin Bin Mohamed Basheer (Moderator)

“

We need to self care, to reflect, and to be able to ask for help. And for that to happen, we need to trust... build relationships, and we need to know that it's okay to ask for help.”

- Prof Lalit Krishna



During the panel discussion, A/Prof Ang echoed and expanded on Prof Lalit's perspectives, reinforcing the significance of mentorship relationships characterised by mutual trust, openness, and emotional availability. He stressed that mentorship must be integrated within broader institutional frameworks that systematically address deeper psychological and existential challenges inherent in healthcare work.

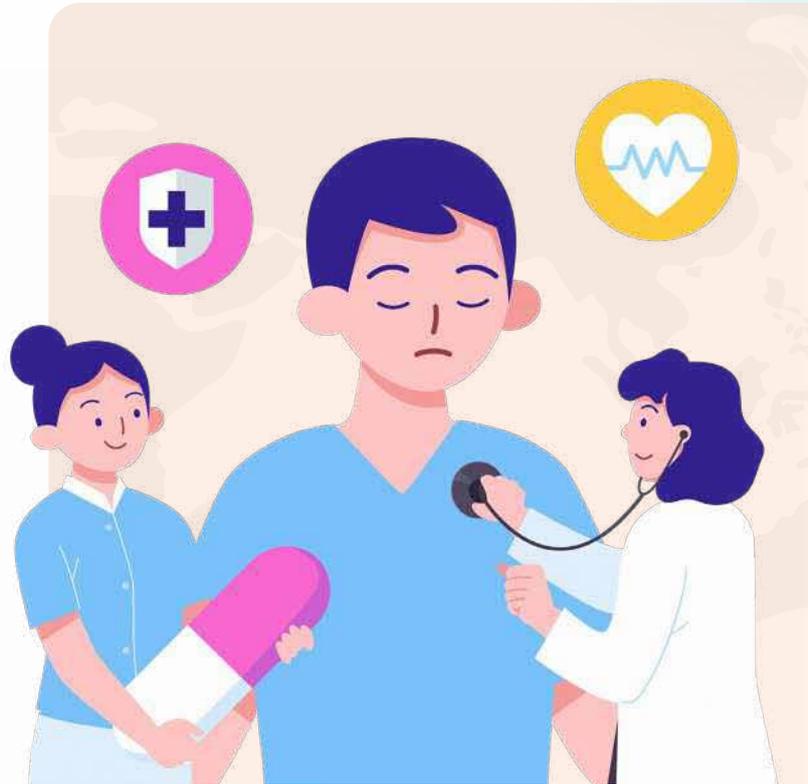
A/Prof Ang believes that many of the “support” need not be seen as medical interventions and can be addressed through mentorships. Approaching it from the professional development perspective, he views managing these psychological and existential challenges as part of HCP's professional identity, where he believes that mentors can play a role in helping their mentees build and shape that identity.

“Although we are working in a very perfectionistic type of world, which causes a lot of this unnecessary tension, I think what we should be thinking about is excellence and not perfection,” said A/Prof Ang, urging organisational leaders and senior practitioners to actively cultivate empathetic, compassionate, and psychologically safe professional cultures.

Prof Lalit expanded on the point of cultures by emphasising the necessity for continuous organisational vigilance. He described the need for structured, proactive protocols to detect early emotional and psychological distress and implement effective interventions promptly. Such measures, he shared, would preserve HCP well-being while ensuring sustainable professional engagement and optimal patient care. As an example, Prof Lalit highlighted that cynicism in HCPs should not be seen simply as a negative attitude, but as a critical early warning sign indicative of underlying emotional distress requiring proactive intervention.

“And whilst we ask for organisations and teams to take their responsibility (in HCPs' wellbeing), there's also some responsibility upon us (as HCPs),” said Prof Lalit.

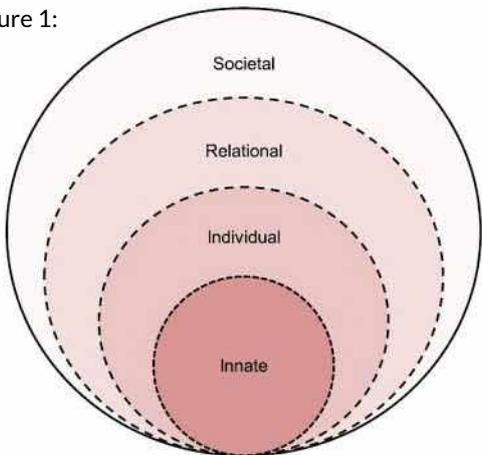
“We need to self care, to reflect, and to be able to ask for help. And for that to happen, we need to trust. We need to build relationships, and we need to know that it's okay to ask for help.”



The Ring Theory of Personhood: Understanding Healthcare Professionals' Identity Formation

Drawing on extensive systematic review research, Prof Lalit presented The Ring Theory of Personhood (RtoP) (Figure 1) framework positing that personhood comprises four interconnected “rings” of identity. The Innate identity represents core attributes one is born with such as ethnicity, gender and spirituality. The Individual identity includes one’s personal qualities such as emotions, self-awareness and autonomy. The relational identity encompasses one’s close relationships with family and friends. Lastly, the societal identity involves one’s roles in society and towards the professional community and managing societal expectations.

Figure 1:



**The Ring Theory of Personhood
(Radha Krishna and Alsuwaigh, 2015)**

The RToP model was formulated to explain how sense and meaning are made by healthcare professionals from their exposures to the costs of caring. These exposures formulate new beliefs, values, principles, expectations and considerations (collectively known as life experiences) that clash with existing belief systems. Changes in the belief systems lead to changes in self-concepts of personhood and identity, ultimately leading to shifts in how they think, feel and act as professionals (professional identity formation). It also determines how they cope with their roles, care for patients, and interact with other professionals.



Lessons from a New Hospital: How Healthcare Educators Shape Organisational Change

Healthcare organisations often focus on efficiency and outcomes, but five leaders from Woodlands Health (WH) recently shared how educational approaches can build stronger organisational culture while achieving results. Their experiences demonstrate how intentional culture-building through education can transform healthcare teams and improve patient care.

At the 26 February 2025 run of the NHG Group Clinical Education's Education Rounds, faculty from Singapore's newest public hospital which opened in December 2023, shared how they transformed the challenges of starting a new institution into opportunities for building strong organisational culture.

Moderator Dr Lim Wen Phei, Deputy Clinical Director (Clinical Education & Training) & Senior Consultant, Medical Psychiatry, WH, opened the session with one of the most important lessons she learned early in her career: the importance of investing in people.

She recalled her first Total Performance Management (TPM) conversation as a new associate consultant at Tan TockSeng Hospital Psychological Medicine in 2015, with her then-Head of Department Associate Professor Aaron Ang (now Senior Consultant, Psychiatry, TTSH).

"Dr Aaron told me something that has stuck with me to this day: 'You are my KPI. If you succeed, I succeed,'" said Dr Lim. This spurred her on to delve deeper into leadership development, leading her to pursue a Masters in Health Professions Education.

She shared that one of the modules in her master's programme required her to critically analyse the book "The Leadership Pipeline". Through her analysis, she learnt the framework for developing leadership skills at different levels, helping individuals transition to leadership positions. These valuable insights provided her with an understanding and structure on how she and her team at WH should approach faculty development.

"Beyond conventional domains of curriculum, teaching, assessments, and programme evaluation, educators must understand their unique position to influence and lead," noted Dr Lim, stressing the importance for organisations to cultivate leadership talent for long-term success. "Setting our educators for success means coaching them to develop range, as their roles evolve with career maturity," she added.

During the initial phase of WH's infancy, one of the main challenges faced was the transition of skilled teachers into education leaders, highlighted Dr Lim. She shared that while the nominees were good teachers, competent and compassionate teaching does not necessarily equate to leadership readiness.

To help these educators who have been identified to take on certain new roles, the WH team adopted a multi-faceted approach from implementing executive coaching to help them develop personal insight, connecting them to the wider NHG family network, and encouraging them to cultivate authentic personal relationships, said Dr Lim.



Speakers Dr Lim Wen Phei (right) and Dr Michelle Liew

New Hospital, New Role, No Predecessor to Model After

One newly-minted education leader who found herself in this situation was pioneer WH PGY1 (Postgraduate Year 1) Programme Director, Dr Michelle Liew, a consultant in Post Acute & Rehabilitative Care, WH.

She likened her new role as starting on a blank canvas: the hospital was still under construction when she received her new leadership appointment; which was being tasked to build a PGY1 training programme from ground up.

"How will the hospital look like for the PGY1s? Are there going to be on-call rooms? Will they have enough places to eat?" she wondered.

"The odds seemed stacked against us."

“

Educators must understand their unique position to influence and lead."

- Dr Lim Wen Phei



With no predecessor to follow, and no established blueprint for education leadership, she had to turn to educational theory and her personal experience to chart her course.

Dr Liew decided to build her programme's foundation on three pillars of experience: the people who shaped her, the places she worked at, and the system that she is in i.e. WH.

The first pillar drew from the inspiring medical educators who taught her, whom she described as "excellent clinicians because they are excellent learners – always passionate, always curious, with a perpetual growth mindset".

The second, during her time in UK's NHS (National Health Service), where she noted that they did "the basic things very well", and how they promoted a nurturing and improvement culture where people could safely make mistakes was crucial.

And the third pillar rested on WH's own model of care, with its emphasis on staff wellbeing and creating a thriving work environment.

"So essentially what we did was we set out to produce excellent clinicians and help them succeed," said Dr Liew. "We provided laptops... provided pillows when they (PGY1) joined us so that they have a good night's sleep during their call."

Looking back at her journey, Dr Liew reflected that WH has already welcomed its second batch of PGY1s, awarded its first batch of best house officers award (in recognition of exemplary performance), established its PGY1 programme, and build a tight-knit education community.

"So, what's your blank canvas?" Dr Liew said.

Aligning Processes, Creating a New Normal Through Simulation

"Education is about bringing out the best in a person's ability, character, or knowledge," explained speaker Dr Daniel Seng, Consultant in Orthopaedic Surgery at WH. "And culture, which comes from 'cultivating,' is about developing both individual minds and community traditions. These concepts are deeply intertwined – educators influence culture, but culture also shapes educators."

Dr Seng who is also the Chair of WH's Simulation Committee, explained how translational simulation (TS) - typically used to improve healthcare processes, could be repurposed as a tool for both education and cultural integration.

"Effectively, we are trying to translate what we know, and sometimes what we think we know, to what we do. It is really about trying to design the workplace according to what we think... Trying to improve the workplace processes and it's where quality meets education," he shared.

“
Education is about bringing out the best in a person's ability, character, or knowledge.”

- Dr Daniel Seng

To ensure the operational readiness of WH's operating theatres (OT), Dr Seng initiated a series of simulation sessions to be conducted for all OT staff (e.g. surgeons, nurses, anaesthetists, etc.), to familiarise all staff members with the processes, environment, and each other. This was particularly crucial as staff members were previously nested across different institutions throughout Singapore before WH opened.

Dr Seng structured these simulations around WH's four guiding principles for empowering conversations: being ready yourself, taking care of entry when engaging with another, building trust and relationships, and taking care of the exit from those conversations or engagements.



Dr Daniel Seng

The simulation exercises were comprehensive, covering every aspect of the patient journey: from admission to site marking, operating procedures, Emergency Department referrals, and ward rounds. Dr Seng and his team also ensured that these sessions created safe spaces for staff to provide constructive criticism while auditing each other's processes. This was especially important as many of them were meeting for the first time. The insights gained not only shaped eventual practices, but ensured the team could work as a cohesive unit.

"Overall, this opportunity gave us a chance to learn about each other. Familiarise ourselves with the environment, and we also (got to) know each other over meals at different food courts and spaces around the hospital," said Dr Seng.

"And that's how I think a very powerful tool in education can help shape culture."

Dr Seng emphasised that not all aspects of cultural development and relationships can be measured through tangible outcomes.

"It's incredibly difficult to objectify culture, growth, and relationships," he said. "Not all planted seeds blossom into trees, but the act of caring and nurturing is often the key."

Like Dr Seng, Dr Pipetius Quah, Consultant in Intensive Care Medicine and Respiratory Medicine at WH, faced similar challenges while establishing protocols for WH's Intensive Care Unit (ICU).

"A common phrase we hear was 'this is not the way we do things in our old hospital,'" said Dr Quah.

"So how do we then create our (WH) culture? Where everyone had different behaviours, attitudes, beliefs, and norms?"

Seeing how Dr Seng's implementation of TS helped align behaviours, attitudes, and beliefs to create a new norm, Dr Quah adapted this approach for the ICU. He incorporated additional elements, such as improving handovers and creating platforms for healthcare professionals to communicate effectively.

Naming it the "ICU Huddle", Dr Quah and his colleagues started to rehearse how huddles should be conducted by designing scripts for each member of the healthcare team, and simulating how the team wanted the flow to be.

He realised that the simulations allowed for their processes to evolve. Progressively, the team concluded that nurses should be the ones to start the handover conversations, followed by the doctors, and then the rest of the team.

The consistency of the huddles fostered collegiality among ICU teams, creating an environment where staff felt comfortable sharing challenges - whether dealing with aggressive patients or discussing treatment approaches, shared Dr Quah.

"I believe that the foundation for quality care in the ICU is relationships... and confidence in one another can only exist in the presence of genuine relationships," he said.

"And as educators, I believe that we have the responsibility to influence organisation culture. And I hope we are inspired by how we use simulation to transform our new hospital into a home, and our people into a family."



Dr Pipetius Quah

Shaping Culture Through Conversations

"You heard from Wen Phei about how we grow people, train them, and develop range so that they will be more effective in the way they lead," said Associate Professor Koh Kwong Fah, Clinical Director (Clinical Education & Training) and Senior Consultant, Anaesthesia at WH.

"You also heard from Daniel and Pip about simulation... and how it allows people to move from knowing to actually doing... then sharing personal stories about how they built huddles and teams.

"So how do these efforts align with the wider culture of the organisation? Particularly NHG? As organisations are designed for efficiency, and communities built to care?"



A/Prof Koh outlined three key roles that educators need to play:

LEAD

Guide through the organisational vision, bridging the organisation's desired results with its people's path to achievement.

COACH

Empower through self-discovery, which is also a form of showing care to the learners.

MENTOR

Mentor by sharing experiences and transmitting values to the people.

He also stressed the importance for educators to be intentional when having conversations with their learners and peers.

"Culture is built one conversation at a time, every time you have a conversation, you are building culture," said A/Prof Koh.

"You need to be prepared when you enter a conversation, the way you enter the conversation, what you say to build trust and relationship, and how you exit the conversation is just as important. By taking care of all these things, you will be able to have effective and empowering conversations."

Dr Lim likened the aspirational goal of educators to the children's show, Sesame Street. Even though Sesame Street is catered to children between the ages of two and five, its progressive approach towards education enabled it to tackle and teach complex topics such as racism, mental health, HIV, and even death; demonstrating the potential of education to create profound cultural impact.

"We are Sesame Street," she concluded.

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Culture is built one conversation at a time, every time you have a conversation, you are building culture."

- A/Prof Koh Kwong Fah



Family Physicians Expand Their Expertise in Mental Health

As a mother of two teenagers with autism, Dr Dominique Phang, a Family Physician (FP) at the National Healthcare Group Polyclinics, understood the importance of support for patients who struggle with mental health conditions alongside their own chronic illnesses.

“I know how easily patients with mental health needs or disabilities can be misunderstood or even overlooked in our healthcare system,” she said. “They (patients) carry the weight of stress, anxiety, and depression – sometimes silently.”

This sparked Dr Phang to expand her capabilities as an FP by signing up for the Graduate Diploma in Mental Health (GDMH). Jointly organised by the Institute of Mental Health and the Division of Graduate Medical Studies, National University of Singapore, the one-year structured training programme was designed to help General Practitioners and FPs increase their capability in detecting and treating mental health disorders in patients.

Dr Phang shared that patients experiencing mental health concerns are more common than previously thought, as the symptoms do not present themselves at the first instance.



Dr Eiiyanachii Narasinghan



“Many of my patients come in for physical symptoms, but there may be social stressors, anxiety, depression, or caregiver burnout underlying those symptoms,” she shared.

“Mental health isn’t separate from physical health – it’s all connected.”

Dr Eliyanachii Narasinghan, an FP from the Meenara Clinic who also graduated from the programme, echoed Dr Phang’s thoughts.

Patients rarely come in with mental health as their primary concern, Dr Narasinghan observed. These issues often emerge during consultations for other problems, where she detects signs of anxiety or a low mood.

Dr Phang commended the programme for helping her become a better listener, and a doctor. “The GDMH programme has helped me step back and look at every patient through a bio-psycho-social lens, understanding their life, their fears, their family dynamics, and to recognise that ultimately, we serve people not diagnoses,” she said.

“I found the course useful as the lectures with the experts had lots of Q&A components and case studies, and this enabled us to discuss subtleties in mental health presentations, their management, and also how to manage individuals with personality disorders,” said Dr Narasinghan.

Both Drs Phang and Narasinghan urged fellow GPs and FPs to join the programme.

“Mental health is part of our work whether we like it or not, and if we don’t step up, our patients will suffer in silence. This programme is practical and realistic, and builds our confidence to care better for our patients,” said Dr Phang.

“It (the programme) helps us care better – and caring better is why most of us became doctors in the first place. If we want to understand our patients’ struggles more deeply and help them more effectively, equipping ourselves is the first step to take!”

“Do join! The course is very structured... covering various aspects of mental health care which reinforces the holistic care we are able to afford our patients. It keeps us up to date with the latest in the care of individuals with mental health struggles,” said Dr Narasinghan.

Both doctors share a common vision for a society with less social stigma towards mental health and its treatments, and for a paradigm shift in mindsets.

“I hope that people feel comfortable speaking to their doctors, and trusted ones about their mental health knowing that they will not be judged but rather supported,” said Dr Narasinghan.

“I hope for a healthcare system that sees every patient as a whole person – not just a diagnosis to manage,” said Dr Phang.

Registration for the next intake of GDMH opens from 24 March to 30 June 2025

For more details on the Graduate Diploma in Mental Health programme and how to register for the course, visit [Graduate Diploma in Mental Health - IMH | Institute of Mental Health](#)

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Mental health is part of our work whether we like it or not, and if we don't step up, our patients will suffer in silence.”

- Dr Dominique Phang





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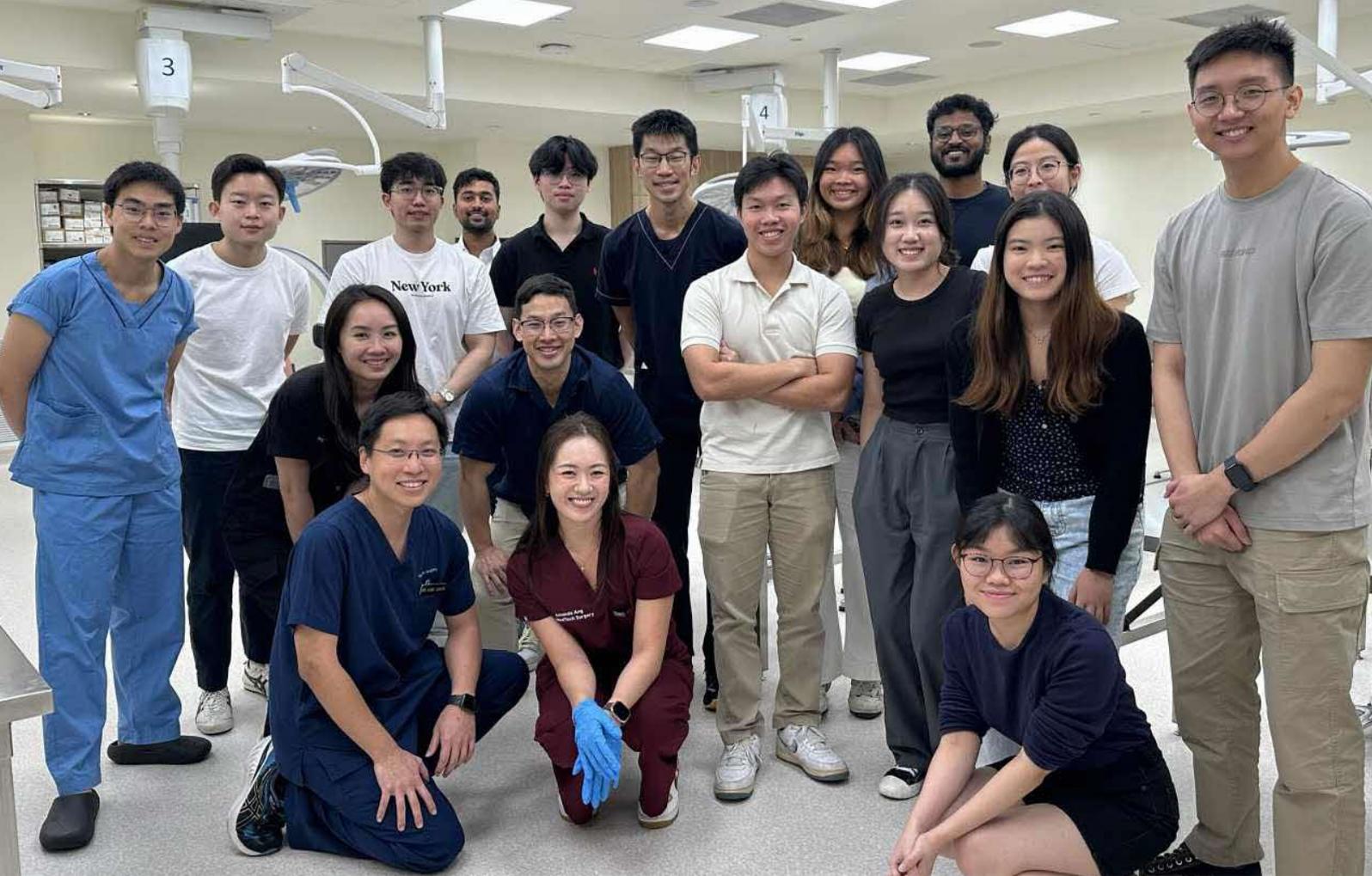


Photo opportunity with workshop organiser Dr Hong Qiantai (left, kneeling), co-facilitators, and the participants

A Workshop Not to Be SSKIP-ed

Sharps, Sutures, Knots Introduction Programme (SSKIP), was not a workshop to skip for 13 SMSANZ (Singapore Medical Society of Australia and New Zealand) medical students, as they learnt advanced suturing techniques required in surgery.

Organised by the NHG General Surgery Residency Programme in January this year, the workshop was led by Programme Director, Dr Hong Qiantai, a Vascular & Endovascular Surgery Consultant at Tan Tock Seng Hospital (TTSH).

Dr Ang Wei-Wen, Consultant (General Surgery), TTSH, who was one of the tutors at the session shared that he was heartened by the students' enthusiasm towards the skills taught at the workshop.

"Many asked for tips and tricks to overcome difficulties they encountered. It was also nice to see them share the different techniques learnt from various tutors amongst themselves," he said.

Based on his interactions with the students, Dr Ang suggests to have future workshops focus more on foundational skills, as he noticed that many of them came with varied skills levels.

"Starting with hand tying and then simple instrument tying... the more advanced suture techniques can be accomplished at a later stage once basic foundational skills are established," he said.

The workshop was well-received by the students, with many commending on the skills taught, the professionalism demonstrated by the tutors, and the conducive learning environment.

"I felt that the workshop ran very smoothly. I was satisfied with the quality of the workshop as I was able to suture on actual pig skin, rather than on artificial rubber models," shared Ms Angelica Koh, Year 2 student, University of New South Wales.

"Additionally, I had the valuable opportunity to learn how to use a staple, and receive constant guidance from the consultants and residents who hosted the event."

Ms Koh also shared that the workshop enabled her to interact with other SMSANZ students from different parts of Australia and New Zealand, as well as the NHG medical officers and residents who attended the workshop as participants.

Many students echoed Ms Koh, and shared their appreciation of the intimate and interactive mentoring and teaching that they received.

Dr Ang highlighted that workshops such as this serve as a good platform for junior residents to interact and build networks with medical students outside of the local education scene, and for the students to learn more about the local healthcare landscape, since many intend to return to Singapore upon graduating.



“

I had the valuable opportunity to learn how to use a staple, and receive constant guidance from the consultants and residents who hosted the event.”

- Ms Angelica Koh, Year 2 Student, University of New South Wales



Workshop participants had the opportunity to practice suturing techniques on actual pig flesh



Dr Ang Wei-Wen (left) guiding a participant through some suturing techniques