For doctors, this was a good lesson not just of our enemy – the dengue virus, but also of its most important ally, the Aedes mosquito. It also provided a larger ecological perspective of dengue to clinicians, who usually only see and manage the human host.

The other speakers for the event include (from left) Dr Lee Tau Hong, Professor Leo Yee Sin, Dr Christina Liew, Dr Wilson Tan Cheong Huat, Mr Yuske Kita, Dr Sapna Sadarangani, Dr James Cheong Siew Meng and Dr Vincent Pang

I was privileged to share my views on the roles of the primary care physician in dengue prevention. I outlined the multi-faceted role of the primary care physician in dengue management, which are in clinical, public health and health promotion aspects. With the vast information available to the both doctors and patients, I highlighted key challenges for doctors, which are to assimilate the large body of evidence, apply it in a patient centred manner and helping patients navigate the healthcare network. A summary of the recommendations for mosquito breedings sites eradication and mosquito repellents was presented to help doctors provide evidence-based advice to patients.

Professor Vincent Phang from SSHSPH shared key findings of the knowledge, attitudes and practices of primary care physician during the 2013 dengue epidemic. This public health perspective was useful to give stakeholders and the practitioners greater insight on how we continue to do well and do better to respond effectively to an dengue epidemic.

Finally, Dr Sapna Sadarangani, an infectious disease consultant from NCID, provided a succinct summary of the yellow fever, a highly fatal but vaccine preventable disease caused by the yellow fever virus, which like dengue, is also from the flaviviridae family. Besides listing key clinical characteristics of the disease and its management, key takeaway from the segment highlighted the important role of primary care physicians in travel medicine and ensuring our patients are advised on the appropriate vaccinations.

In summary, this year's event brought together regulators, environment experts, public health specialists and physicians to provide a broad and balanced perspective to a perennial enemy. Being a global hub to the world, Singapore is susceptible to communicable diseases, both indigenous and imported. Therefore as primary care physicians, we will need to vigilant and ready at the forefront to respond to any emerging or persistent infectious disease threats.

CM

Building Punggol Polyclinic — *My Experience*

by Dr David Ng Chee Chin, FCFP(S), Clinic Director of Punggol Polyclinic

I gave the editor quite a headache with my procrastination coming up with this article. The struggle I had was this - how to summarise the last 4 years of my life and the gamut of emotions in a matter of a few paragraphs?

Yes it took 4 years to build a polyclinic and I have learnt and gained so much from the whole experience. It wasn't often that one can have this privilege of building a new polyclinic. Having said that, you only need it once in a lifetime.

So I must thank the editor's persistence and persuasion which 'nudged' me towards self-reflection.

1 Polyclinic building itself

This is the most obvious and instinctive association most will have and that is certainly true to an extent. But even before the first drill pierces the soil, the first 2 years were spent in deep discussion conceptualising the clinic itself, writing papers to secure Ministry of Health (MOH) funding and the negotiations that

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ensue. There were times when the administrative process was painfully slow, almost grinding to a standstill and those were the times where patience had to be honed. Then there were the exhilarating moments when you got the necessary approvals and saw that glimmer of hope to carry on.

Then comes the building itself. It's truly quite astounding the sheer details and effort that goes into planning. The various patient flows, staff and equipment flows. My team poured through countless floor plans looking at layouts, furniture, electrical points, LAN points etc. So many nitty gritty details yet each one critical to the success and ease of operating the clinic.

I gained a deeper respect for architects and planners as they orchestrate the various activities that needs to take place and a deeper appreciation of my hospital and GP colleagues who are involved in similar projects of varying scale.

You also gain a deeper insight about yourself which is often the case when stretched or placed in unfamiliar situations. I never knew I could be so meticulous and detailed when it came to some parts of the planning (which is just not me if you ask my wife!). And, that just leads me to the next point.

2 People

You can't do it alone. Oftentimes, an area you are all focussed about means there are 3 other areas which you have neglected – blind spots. You need a team. A team to work together with you and get it done. That is obvious enough and does not need belabouring. There is only so much you know and so much more you don't. The power of a team comes when each one harness his or her strength and subject matter expertise to make the whole endeavour so much richer.

I was blessed to have had a great planning team. We had lots of fun together which made the overall journey so much more pleasant. However, a great team alone will not make it without HQ support. And HQ support is one of those things that needs to be finely nuanced. It is that balance of oversight, not over nor under but just right and in the right areas that is the most effective. It requires a great deal of insight on both sides, mutual trust and communication to strike that balance. I am grateful to have received HQ support.

In the latter half, the focus shifts to recruitment and forming a new clinic team. It's crucial to get the right people on the bus although in an organisation that may be beyond your control. In my case, I had equal proportion of freshly recruited people some new to healthcare and existing staff from other clinics. Each having different backgrounds, experiences and strength. What culture do you want to set? How to gel them together towards a common purpose?

In a way, culture is embodied inside you and expressed in relationships and the way people interact with each other. And so, the culture (whether intentional or unintentional) is set right from the planning stage and with whoever you are working with. It then gets crystallised, articulated and cascaded down more intentionally especially by your clinic management team.

3 Processes

Whether it be a GP clinic or a polyclinic, there is so much going on every day and potential risk that lurks. We all need processes and standard operating procedures (SOPs) so that everyone knows what everyone else is doing and stay safe. This is where I am thankful being in an organisation, because most SOPs have been written down and it's just a matter of adopting and adapting to fit your

College Welcomes WONCA President

by Dr Wong Tien Hua, FCFP(S), Editorial Board Team C

The College is pleased to welcome Prof Amanda Howe, President of the World Organisation of Family Doctors (WONCA), during her visit to Singapore on 4 August 2018. Prof Howe visited our College premises and signed our guest book. That evening, College President Adjunct Assistant Professor Tan Tze Lee hosted Prof Howe to dinner at the Capella Hotel.

This visit affirms the strong relationship between WONCA leadership and CFPS.

Prof Amanda Howe (seated) signs on the guest book as (standing, from left) immediate past CFPS president A/Prof Lee Kheng Hock, CFPS president Adj Asst Prof Tan Tze Lee and Hon. Secretary Dr Suraj Kumar look on.

local setting. (Along the way, you uncover a few that makes you scratch your head but that's for another day.)

The key difference is oftentimes we are not building a cookie cutter polyclinic. Change is in the air (whether it be internally or externally driven) and care evolves in anticipation and in response. So in a sense, the organisation evolves with each new clinic because of changes in care delivery and processes which impact both organisational and clinic level.

And that boils down to the most important Ps.

4 Product and Patients

The building is merely an empty shell, a conduit for people and processes to deliver a product. And naturally product is intimately connected to patients/people you are delivering to. Rather than the afterthought, this is foremost in everyone's mind and the dominant thought that anchors the rest of the Ps. The first 2 years were spent thinking through and articulating just that – the patients we are serving and the product we are delivering - the care delivery revolution we want to see and the subsequent processes that wrap around it.

Yet the commonest question posed to me is "So, what new services are you going to have?" Perhaps a better question could be what unmet need is out there? And who is best placed to meet it? That requires us to firstly uncover that unmet need in the community we are serving and sometimes the answer lies with the existing service provider (medical or non-medical) down the road. Then to consider whether the polyclinic is best placed to meet that and in what form/manner or is someone else better placed to meet that.

A more institution centric one could be "What is a better way to deliver the care we are currently delivering to meet a known need i.e. can you improve your current product or process?" Of course, this is a common improvement question that can be asked each day. It's just that the project itself gives opportunity and impetus to consider this.

The astute reader and healthcare provider will know that this whole section is the hardest to think through. And to think through this 4 years into the future makes the task even more challenging (and almost obsolete the moment you think you finished!).

Such is the challenge of providing primary care especially from a community/ population approach. The wide scope of primary care incorporating all life stages from cradle to grave and the demographic changes means that needs are constantly evolving and emerging. Medical and

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Dinner at the Capella Hotel (standing, from left): Dr Kee Loo, Dr Lim Ang Tee, Dr Low Lian Leng, Dr Lim Hui Ling, Dr Wong Tien Hua, Dr Suraj Kumar

(seated, from left): A/Prof Lee Kheng Hock & spouse, Prof Amanda Howe, Adj Asst Prof Tan Tze Lee, Prof Helen Smith, Dr Goh Lay Hoon

CM:
Please share one or more anecdotes from your experience with our helping our migrant worker friends that has made an impact on you.

JL:
While volunteering full-time doing casework and social assistance, I got the chance to visit a shop-house apartment along Desker Road where ten migrant workers were cramped into. The living facilities were bare; ventilation was poor. They each paid a few hundred dollars a month to stay in that apartment. It showed me that life can get very tough if you are a migrant worker, suffer from work injury and have no income while awaiting for work injury compensation. On another note, while volunteering in the food programme, I found out that some migrant workers were great cooks!

CM:
After your video interview was published by The Straits Times, how did you feel? Did it motivate you to keep pressing on as a volunteer?

JL:
Many of my friends and colleagues texted me to tell me that it was inspiring. But I was most happy that we did get increase in volunteer numbers after the video, although we will always appreciate more doctor volunteers, because it will help reduce the workload for each doctor, and allow us to treat more of our migrant brothers each clinic shift.

CM:
Please share how the training you have received in Family Medicine has equipped you to serve out your role as a volunteer in HealthServe.

JL:
The training that I received from the GDFM course was broad and yet very practical and structured, something which I really liked. Hearing from our tutors let us learn from their experiences as well, so that we are more confident and competent in giving care to our patient, regardless of their upbringing and background. Specifically for volunteering at HealthServe, the lessons related to Work Injury Compensation Act (WICA) taught me how to better help migrant workers know their rights and navigate the system to seek compensation after work injury.

The training that I received from the GDFM course was broad and yet very practical and structured, something which I really like.

CM:
How would you encourage more doctors to come on board this meaningful partnership despite their busy schedules?

JL:
I like how you refer it as a meaningful partnership; while migrant workers benefit from the direct medical treatment and reduced costs of consultation, I think personally I have grown to be more sensitive to the nuances and complexities of issues regarding the unjust treatment of migrant workers, at the same time being aware of a few instances of migrant workers who may be malingering. The whole experience has helped me see this world with more discerning lenses.

Once you get used to communicating with migrant workers, the clinic sessions should be very comfortable (and enjoyable) for those who run general practitioner/ family medicine clinics or those who work at the polyclinics.

For those doctors who wish to spend quality time with their family on weekends, volunteering could be a family activity, as HealthServe needs non-doctor volunteers as well. Maybe while driving past the dormitories where migrant workers live, or seeing them play at the fields outside Chinese Gardens, one could spark a conversation on how these foreigners who have put in their blood, sweat and tears to build Singapore's skyscrapers and facilities and, notwithstanding age limitations, further explore how as a family you could volunteer.

CM

(continued from Page 11: "Building Punggol Polyclinic – My Experience")

technological advances open up new possibilities in the type of care and the way it can be delivered. Everyone, from GP to polyclinics, have to constantly reinvent themselves to harness, incorporate and apply these cost effectively to stay relevant and on the ground to meet the needs of their community.

5 Purpose

Everyone must find that enduring purpose that anchors us amidst the constant changes, challenges and cacophony of noises that pull us in all directions.

And this is what the team at Punggol Polyclinic came up with:

The Oasis Tree of Health - a place of Healing and Hope for the young to elderly residents of Punggol.

A tree alone can't do much but an ecosystem of different trees with roots intertwined and interdependent will make a verdant forest providing shade and rest to all.

CM