

# COVID-19 RESILIENCE WEBINARS II OCTOBER 2020

## Disruption & Adaptations

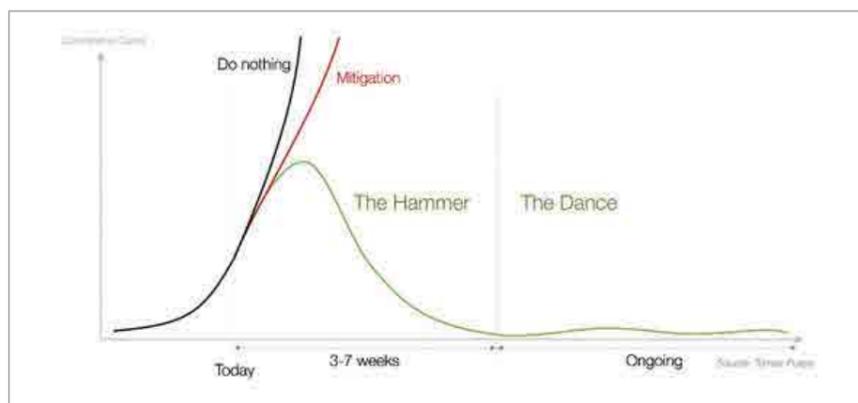
by A/Prof Cheong Pak Yean & A/Prof Goh Lee Gan, Past Presidents, College of Family Physicians Singapore

A series of 4 seminars was successfully staged by the College in April 2020 during the Circuit Breaker (CB) period with an average of 400 doctors attending each session. The first series Identified the enemies and our friends in the pandemic, explored the tension between being safe and being lonely, examined how to manage anxious moment and to live with the uncertainty. The proceedings are now published in the Singapore Family Physicians<sup>i</sup>. Using the metaphors of Mr Tomas Pueyo of the fight against Covid-19 pandemic, that CB period was the 'Hammer' (See Figure 1)<sup>ii</sup>.

A different strategy of 'Dancing' is now in place with the second series of four webinars in October 2020, to address in the 'Dance' steps - reflections on the disruptions & how we have coped. We also examine both the state of the doctor and that of family medicine practice (see Figure 2). The proceedings would be published in another special Covid-19 edition of the Singapore Family Physician.

The first session of the Resilience webinars series II **The Present State of the Pandemic** began with College President Asst Adj Prof Tan Tze Lee drawing attention to the disruption of epic proportion. A/Prof Hsu Li Yang and Jeremy Lim from the NUS Saw Swee Hock School of Public Health delved into the tremendous impact on many aspects of health care and the economic impact beyond the healthcare arena.

In the second webinar highlighting **The State of Disruptions and Coping**, A/Prof Goh lamented the dormitory migrant workers' infections, the unexpected turn that made Singapore fall from being an exemplary success to a cautionary tale of fast spread in crowded dormitories. He concluded



▲ Figure 1: The Hammer and the Dance (Reproduced with permission obtained by Dr Ng Lee Beng who spoke in Webinar 1 | October 2020)

with the positive note on how we coped and righted. NUS Psychiatrist Dr Cyrus Ho spoke on the psychological impact on our healthcare workers and its management. Senior SGH FM consultant Dr Ng Lee Beng emphasised the simple and inexpensive measures that are everyone's responsibility that continue to be of utmost importance after the CB. Good understanding of the basis for these health advisories is key to reducing "COVID fatigue", and ensuring continued self-led protection against a second wave of infection the 'whys' behind the 'whats'.<sup>iii</sup>

Three Covid-19 warriors from the frontline then shared their experience. Dr Julian Lim shared how he innovated in his solo practice to safely see and do nose swabs on Covid-19 suspect patients while Dr Chng Shih Kiat medical director, Raffles Medical Clinic spoke of how he mobilised teams of family physicians and nurses to set up primary care and swab stations using whatever resources he can find in various foreign workers dormitories. Dr Vincent Tok of Shalom Medical Group then told us how connectivity was maintained using social media, to share information amongst colleagues and with the Ministry to combat rapidly changing scenarios in the trenches.

Webinar 3 focused on **The State of the Doctor**. A/Prof Cheong Pak Yean spoke of resilience needed in reframing for the 'new normal', to face our own loss with equanimity and that of our patients with compassion. He asserted that it is better to frame our predicament as a marathon instead of a sprint as in SARS epidemic of 2003. Prof Thirumoorthy emphasised the potency of the 'Doctor as the therapeutic Agent' and advocated reviving and enhancing the role of the physician as a healer and therapeutic agent using clinical skills, competencies, reflective practice, self and social awareness techniques. Dr Tan Yew Seng, consultant palliative and family physician discussed the 'Human Dimension of attending to loss' be described by the acronym ABC: an Attitude of "not knowing"; Being present and Bearing witness; and Compassionate action. He ended the session by leading the participants in an experiential mindfulness session.

The 4<sup>th</sup> and last seminar in Webinar II, **The State of Family Practice** began with Dr Wong Tien Hua consultant family physician and vice-president College discussing the drastic reduction of patients thus far. He examined some factors that led to the drastic drop in patient load,

**4 Oct 2020** COVID-19 RESILIENCE II: Webinar 1  
**The Present State of the Pandemic**

- Disruptions of Epic Proportions
- Present State of COVID-19 Pandemic
- Economic Impact on Medical Practice & Nation

**11 Oct 2020** COVID-19 RESILIENCE II: Webinar 2  
**State of Disruptions & Coping**

- Psychological Impact on Singapore Healthcare Workers & Coping Strategies
- Dancing with COVID-19
- PHPC Clinic; Migrant Workers' Dormitories; Connectivity in the Frontline

**18 Oct 2020** COVID-19 RESILIENCE II: Webinar 3  
**State of the Doctor**

- It's Not a Sprint!
- The Doctor as the Therapeutic Agent in The Pandemic
- Human Dimension -Attending to Loss

**25 Oct 2020** COVID-19 RESILIENCE II: Webinar 4  
**State of Family Practice**

- "Where Have All the Patients Gone?"
- Reinventing FM Practice
- Round Table: Family Practice Post-COVID-19

▲ Figure 2: College Covid-19 Resilience Webinars II

which include Public Health measures, pandemic effects, patient behaviour and practice profile. Dr Wong Chiang Yin related an on-line survey conducted during the CB period that showed 77% of respondents saw their incomes decrease by more than 50% due to COVID-19. This number decreased to 72.8% after taking into account various grants, rebates and assistance schemes. 44.3% of respondents experienced more than 75% loss in incomes; after this number dropped into 38.3%. About 60% of respondents are GPs.

Adj Prof Thiru then spoke about the need for family practitioners to reinvent themselves in the 'New

Normal'. Webinars Series II concluded with a round table chaired by Dr Wong Tien Hua with Adj. Asst. Prof Tan Tze Lee, Dr Nelson Wee, Dr Kenneth Tan and other participating.

'Collegiality, professionalism and trust amongst colleagues and staff became the defining weapons against the SARS virus'. Like SARS, like Covid-19, 'it is the collective human spirit that triumphs over deadly microbes on the march, not just medicine, and not just technology'<sup>iv</sup>. The sharing and active participation in the two series of Resilience Webinars harnessed that collective spirit.

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<sup>i</sup> <https://www.cfps.org.sg/publications/the-singapore-family-physician/issue/188>

<sup>ii</sup> <https://tomaspueyo.medium.com/coronavirus-the-hammer-and-the-dance-be9337092b56>

<sup>iii</sup> <http://www.cfps.org.sg/publications/the-singapore-family-physician/article/1543>

<sup>iv</sup> Being Human: stories from Family Medicine' Chapter 2.15 The Plague of Epidemics page 50-51

UPCOMING CHANGES to Graduate Diploma in Family Medicine (GDFM) Examination	Existing Format	Year 2022
	<b>Part 1: Written Paper (Applied Knowledge Test)</b>	
<b>Items:</b>	100 MCQs + 10 Key Featured Problems	150 MCQs
<b>Duration:</b>	120 mins + 60 mins	180 mins
<b>Passing Mark:</b>	50% Pass in part 1 not a pre-requisite to part 2	Criterion Referenced There will be no 50% pass mark. Standard setting will be done using modified angoff method to determine the passing standard for the MCQ  A pass in GDFM part 1 is pre-requisite to part 2
<b>Part 2: Clinical Examination (OSCE)</b>		
<b>No. of Stations:</b>	10	10
<b>Test Time:</b>	3 mins reading + 8 mins assessment (11 mins)	3 mins reading + 10 mins consultation (13mins)
<b>Passing Mark:</b>	6 out of 10 stations	Criterion Referenced Candidates would need to pass 6 out of 10 stations and obtain minimum total pass mark to pass the exam. Borderline regression will be used to determine the minimum pass mark per station

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