

Interview with Dr Nelson Wee – *Early Pioneer in Swab-And-Send-Home (SASH) Programme*

Interviewed by Dr S Suraj Kumar, Honorary Secretary, College of Family Physicians Singapore

During the recent COVID-19 Resilience II Webinar 4 Round Table discussion, one of the panellist (Dr Nelson Wee) spoke about the Swab-And-Send-Home (SASH) Programme. We have since received some enquiries about the SASH Programme and took this opportunity to catch up with Dr Nelson.

College Mirror (CM): Can you share with our readers about your current practice?

Dr Nelson Wee (NW): I am currently practicing in a multi-doctor family medicine practice in Holland Village area. The clinic was set up in 1997 and has been providing primary care to the community since. In addition, we are a designated Public Health Preparedness Clinic (PHPC). As soon as we received the invitation to provide SASH in early

2020, we understood the importance of this service and quickly signed up for the programme.

CM: Why did your clinic sign up for the SASH Programme?

NW: In the early days of the pandemic, COVID-19 testing was only available at National Centre for Infectious Disease (NCID) and the hospitals, patients requiring testing had to wait for dedicated ambulances to convey them to testing

Dovetailing Mental Healthcare and Family Medicine for Holistic care

by Dr Low Cheng Hong, Charity, Family Physician, Editorial Team Member (Team B)

I have been a General Practitioner for 20 years. Though well trained in many aspects of Family Medicine, I knew that I was not confident in diagnosing and managing mental health conditions. The myths that hinder me are: treatment of mental health patients is discouraging because no matter what is done for them, it is perceived that they would not recover; and that medications will not help much. After enrolling in GDMH, I realise these myths are untrue.

I would like to thank IMH and our lecturers for their dedication and commitment in planning this systematic and comprehensive program. There are lectures, tutorials, role-plays and clinic attachments. I like the free interaction where we could ask all the questions puzzling us and the role-plays which portray realistic clinic scenarios. There is a range of normality beyond which mental conditions present themselves. I learn how to assess this threshold. I learn which are the conditions which require mainly psychotherapy and counselling, which are those requiring medications right from the start and when to refer patients to the psychiatrists. I learn what my place is, as a GP, in the management of mental patients and I become confident in fulfilling this role. The course has also familiarised me with psychiatric medications, I learn the basic principles and skill to adjust these medications to achieve the best efficacy with the least side-effects. With proper management, many mental health patients can live a normal life in the community. One of my patients was a depressed, suicidal

young man. After counselling and tiding him through that darkest tunnel of his life, he recovered fully and was most grateful.

The 2016 Singapore Mental Health Study shows that 1 in 7 people in Singapore has experienced a mental disorder in their lifetime; and that majority (more than three-quarters) of people with a mental disorder in their lifetime did not seek any professional help. General Practitioners in the community, being the first point of contact with patients, play a pivotal role in early detection of diseases. Mental health patients and their families in distress need to be given a chance. I took up GDMH as I am willing to be a part of their hope. I have also formed a team with other GDMH doctors to crystallise mental health concepts in videos and propose these videos for the Continuing Medical Education (CME) of doctors. We hope that this initiative will go hand in hand with GDMH through IMH to bridge the gap in primary care. I would strongly recommend GDMH to doctors in every discipline

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facilities. We recognized the importance of providing our patients the convenience of having immediate testing on first presentation. This is especially important as the testing criteria had subsequently expanded to include all patients aged 13 and above who has acute respiratory symptoms on first presentation.

CM: Tell us some of the challenges that you faced when you first launched the SASH service in your clinic.

NW: We first had to identify a suitable area that has good ventilation, patient privacy and is easy to clean. Our clinic is located on the second floor of an old shop-house so we converted the small stairwell at the back into our swab area. We

were also quite fortunate that we were already actively performing nasopharyngeal swabbing for point-of-care influenza testing even before the COVID-19 pandemic started, so our doctors and staff quickly adapted to the new work-flow.



Dr Nelson Wee

CM: Did you have any concerns about the SASH service?

NW: Naturally I was concerned about the exposure risk when I first started and especially so during the height of the pandemic. It really helped that Ministry of Health (MOH) provided us with ample supply of protective equipment. Now

with the low community cases and ongoing COVID-19 vaccination exercise, we feel a lot more confident and at ease.

CM: What are the benefits of having the SASH service?

NW: For a primary care clinic, there are many benefits of having SASH service. Firstly, patients really appreciate the convenience of having access to immediate testing

as opposed to travelling to the Region Swab Centres (which may not be near to one's clinic). Most patients also much prefer SASH with a short stay-home period over serving a full 5 days stay-home notice. Secondly, our own doctors and staff who fall sick with respiratory symptoms can

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Graduate Diploma in Mental Health

One in 7 people in Singapore has had a mood, anxiety or alcohol use disorder in their lifetime*. Most of them did not seek professional help and one reason could be their inability to recognise the symptoms of such disorders.

As doctors in the frontline, you can make a difference in patients' lives by identifying probable signs of mental disorders and providing early intervention. For those with both physical and mental illnesses, you can give holistic patient care by also managing their psychiatric condition.

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* Singapore Mental Health Study 2016

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have access to testing. Healthcare and frontline workers staying in the neighbourhood also appreciate the ease of testing. Thirdly, MOH does provide a fair remuneration and strong support for clinics providing SASH. Moreover, with the Patient Risk Profile Portal (PRPP) and automated patient notification via SMS, the whole process is now very streamlined and efficient.

CM: Will you continue to provide this service to your patients?

NW: Absolutely! We intend to keep doing this until the pandemic is over, and the pandemic won't be over unless we all play our part. SASH is a vital part of this fight against COVID-19. I feel disappointed whenever I read

about community cases which were not swabbed on first presentation. The delay in swabbing carries the risk of further community spread, and we really need to work together to win this fight. We certainly don't want to go back to another circuit-breaker.

CM: Any other thoughts or ideas that you would like to share?

NW: I would like to thank all the frontline workers for the sacrifices made during this long battle against COVID-19. I firmly believe that we will be able to overcome this pandemic and emerge stronger. I hope everyone can continue to work together to keep our nation safe.

■ CM

FAMILY PRACTICE SKILLS COURSE ON BASIC OBESITY MANAGEMENT

- A Sneak Preview

Interviewed by A/Prof Goh Lee Gan, Past President, College of Family Physicians Singapore

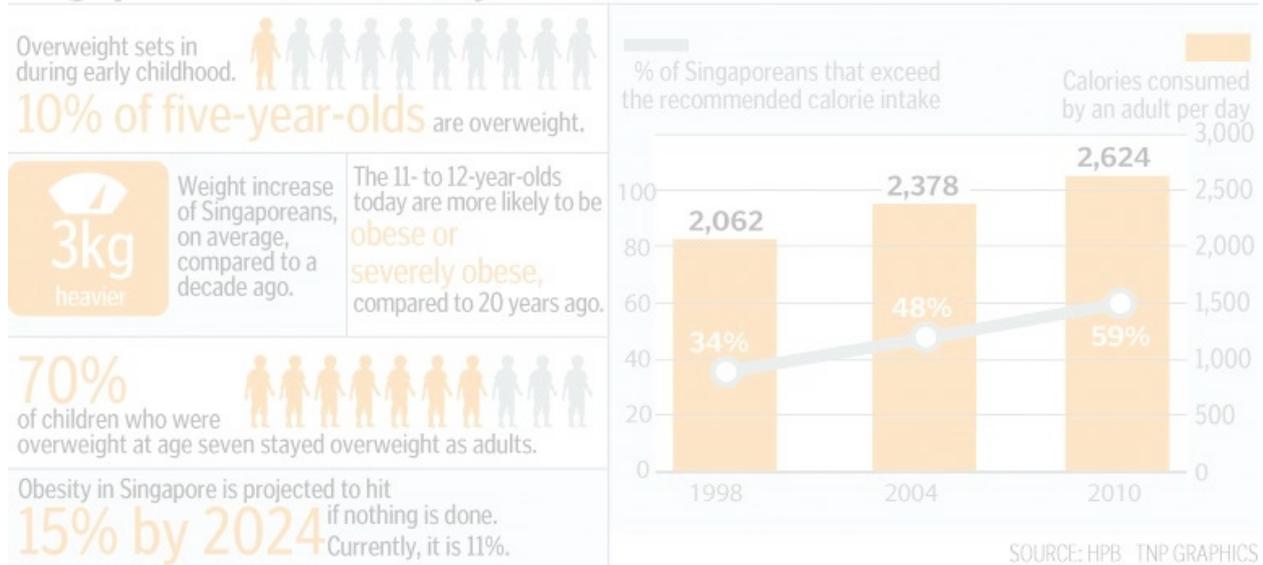
Introduction

Obesity is a rising problem in Singapore and worldwide. Our Health Promotion Board warns of the rising obesity. If nothing is done, obesity in Singapore is projected to hit 15% by 2024 from the present figure of 11%. See Figure 1.

In this context, College is working with Dr Tham Kwang Wei (TKW) and Dr Benjamin Lam (BL) from the

Singapore Association for the Study of Obesity (SASO) and Novo Nordisk to conduct a Family Practice Skills Course on Basic Obesity Management Accreditation (BOMA) Course for Family Physicians to help to prevent the obesity prevalence in Singapore from rising further. A/Prof Goh Lee Gan managed to connect up with the two course organisers for a sneak preview.

Figure 1
Singaporeans and obesity



Source: Health Promotion Board, Singapore

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