

local youths, who contextualised TFG knowledge to their local language to teach their peers better. This is much more invigorating than smoking cessation counselling. In my work as a doctor, I have seen patients suffering from smoking-related diseases, many of whom attempted but failed abstinence multiple times.

KHN:

For years, we have trodden the same approach, such as health promotion boards globally following WHO's framework. After my 2010 paper written with Deborah Khoo, Yvonne Chiam, Priscilla Ng and AJ Berrick, titled Phasing-out tobacco: proposal to deny access to tobacco for those born from 2000, was published and was well received by adults, youths, smokers, and non-smokers worldwide, TFG gained traction.

CM:

What made you decide to get involved in TFG?

LO:

As a medical student, I wanted to do good, and I am still on that journey. I also had a grandpa who was smoking, and there was much tension in the family when getting him to quit smoking. I joined TFG in 2013 as a medical student, organising youth summits in Singapore. I experienced empowerment and fulfilment. The youths' passion and enthusiasm inspired me.

KHN:

After my HMDP, I wanted to increase awareness on lung cancer and as part of that, wanted patients to go smoke-free. Thereafter, I published a paper showing that up to 60 percent of smokers even supported the idea. Although it often seems like a radical idea at first impression, people who dwell deeper and have a good grasp of the complex, revolving conundrums in tobacco control become strong

supporters. They even champion this approach in their own communities.

CM:

What are the benefits of TFG?

LO:

The benefits of TFG is that it mobilises the youth to engage their larger community to promote the common TFG principles so that an entire new generation can become free from the ravages of smoking and vaping. Moreover, it is beyond borders. It is self-sustaining, and each generation uses its own lingo to reach out to their peers. The ultimate outcome is achieving no new smokers in our future generation.

KHN:

Intangible benefits include showcasing the soft power of Singapore advocacy in leading such movements and, as a spill over effect, can promote other social causes, where youth drive the change.

CM:

What is your hope for TFG, and how can one help?

KHN:

Interested supporters are encouraged to organise themselves with their friends and colleagues in groups of between 6-10 to attend Zoom presentation cum Q&A session. These can be organised any time after you email your details to us. Our experience is that youths can become very eloquent advocates for TFG. We are confident that you will find your time meaningfully invested as you are fighting for the lives and health of our future generations. Equally important, together, we will bring down health care costs by prevention.

■ CM

Venturing into Australia

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

The “Land Down Under” is amazing for a number of reasons. The country endowed with natural wonders and beaches, filled with wineries and agriculture, koalas and kangaroos; the nation with the highest skin cancer rates, ... and the highest job satisfaction rate for doctors in the world! I am privileged to have a glimpse of these as I venture forth!

In Feb 2021, I brought my family over to Australia to be with my elder son who had enrolled into UWA. In this time of COVID, travel is restricted. Hurdle after hurdle had to be cleared – application for ECMFG, AMC, work visa, exemption letter, negative swab, G2G application. We had to ensure two weeks of hotel quarantine and two negative

swabs before being set free with a hearty letter of Welcome to Australia!

International Medical Graduates (IMG) such as me are assigned to Priority District Areas (PDA) for work. The PDA maps is re-drawn yearly. I have obtained a job in Mundaring area. What followed was application for Provider number, Prescriber number, PRODA account... I recollected that when I was taking the MMed (Family Medicine) examination of the College of Singapore Family Physician, our local laboured to secure the presence of Australia Professors as external examiners to assess the standard of our candidates. This was done for consecutive years before

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Dr Charity Low as part of a vibrant, sporting frontline team in Australia!

FRACGP extended the right hand of fellowship to mutually recognise and accept our Fellowship cross-country through the Specialist Pathway. I am much grateful for the prestige of our post-graduate degree. I am a beneficiary of the hard work of our predecessors!

The clinic I am working at is a private GP medical centre but it is a bulk billing clinic, as it claims from the government for services rendered to citizens and Permanent Residents. These have Medicare which entitled them to free consultations, blood tests, X-rays, CT scans as long as the investigations could be justified by relevant history and physical examinations. Patients purchase medications from pharmacy next door at subsidised rates. Radiological centres are in region nearby. In this clinic, there are 3 to 5 doctors on duty with 2 nurses and 2 receptionists for different sessions, with a phlebotomist who assists in blood taking. Ranked among the better equipped clinics, there is a full range of primary care surgical equipment including liquid nitrogen, hemorrhoid ligator, surgical loops and operating microscope for aural suction.

In this pandemic, patients with flu symptoms are generally advised to stay at home and go for COVID swab test in designated drive-through regional centres. Tele and video-consultations are available. Thanks to the strict border restriction in VWA, there are mainly sporadic positive cases which have led to different restrictions of masks wearing at specific periods; the plan is for cautious step-wise opening. In general, with safe-distancing precautions, functions and activities are almost as per normal at the beaches.

I have to juggle to learn the different healthcare system in Australia: the PBS and MBS system, the Wagpet portal, clinical guidelines. Patient profiles are different too. Mundaring hills is filled with scenic beauty of trekking tracks, forests; multi-coloured flowers, wild parrots and other singing birds are part of its flora and fauna.

A number of retired, elderly stay here, either in their own homes or in retirement villages. Most of them have multiple, complex co-morbidities, are still independent and able to walk around the house, attending to light house chores and garden works. Some of them have regular help from support workers. They are mostly well-taken care of by the state, enjoying their old age with retirement benefits. In collaboration with the specialists, I see a number of unfamiliar specialists' medications. Mental health is greatly

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emphasised here. A number of patients have anxiety and depressive symptoms right from their teenage days. SSRIs are commonly prescribed. Chronic fatigue syndrome, chronic pain syndrome, and fibromyalgia are not uncommon. Skin cancers are managed at primary care setting with frequent biopsies and wide-margin excision. I have to learn the use of dermatoscope for the diagnosis of skin cancer. With most patients well-read and knowledgeable, communication skills are of paramount importance.

This is a free country. Free for all. I can see workers from all nationalities in shopping complexes, retail shops, restaurants, and banks. Respect for persons is highly upheld here; you will see passer-bys greeting and wishing one another, "How are you?" "Have a wonderful day!" Though I am an international graduate and new to the practice, I am surprised to see patients respectful and grateful. Innumerable times daily, I could hear so pleasantly, "Thank you for your time, doctor," "Thank you very much." You

can be sure that patients are also vocal in expressing their displeasure and views concerning aspects of treatment. They write freely and extensively in feedback. Anti-vax movement is prominent. There are those who would rather lose their jobs than be vaccinated.

Daily I will see groups of mountain bikers swishing through the streets with full gear at dawn. When summer starts, windsurfing, kite surfing, stand-boarding, canoeing, kayaking, sailing, picnics and all sorts of sports fill the beaches and gym.

Yes, I do enjoy it all --- but not without hard work and a steep learning curve! My work day starts at 5.30am from home and ends at 5.30pm in the evening, with about 3 hours of travelling to-and-fro. Please be reminded that there are 18 hours of daylight in midsummer!

■ CM

Learning about Marshall Rosenberg's Nonviolent Communication

by Dr Hong Yinghui Lois, Family Physician, Editorial Team Member (Team B)

Recall the last time you experienced these scenarios. How did you feel, what did you say, and what did you do?

- Your teenager rolls their eyes at you when you're expressing concern for them.
- Halfway through a challenging consult, you realise a patient's relative is recording the conversation.
- A colleague texts you a sarcastically worded criticism of the way you managed a couple of patients.
- At a staff meeting, a decision is announced that you strongly oppose.
- A family member argues vehemently with you about COVID-19 vaccination.

These are not enjoyable experiences to recall. Yet, our responses to these very moments define and shape our leadership style, our values and our approach to resolving conflict.

The book "Crucial Conversations", by Patterson *et al.*, described situations where "stakes are high, opinions vary, and emotions run strong". In these moments, we may start off calm, cool and collected. Then, often without warning, the conversation takes a turn and we are yanked into conflict. Our hearts race, our pupils dilate, our protective goggles fog up. We respond with silence (withdrawing,

mentally "checking out", physically leaving) or with violence (hostility, aggression, sarcasm).

Psychologist Marshall Rosenberg (1934–2015) developed Nonviolent Communication (NVC) as a set of skills based on the principles of shared humanity, compassion and connectedness. My inner skeptic initially dismissed these as platitudes. However, I became interested when I heard how Dr Rosenberg had developed NVC while helping desegregate American public schools in the '60s, and that NVC has been practiced in post-conflict settings such as Rwanda, Sierra Leone, Croatia and Israel.

Rosenberg begins with two deceptively simple questions:

1. What is alive in you?
2. What would make life more wonderful?

These questions are not merely inspirational- they engage our thoughts, emotions, and behaviours (the classic triad of Cognitive Behavioural Therapy). They help us connect with the experiences and needs of the other person, as well as our own.

Rosenberg described four components of successful NVC:

- 1) **Observation:** Describing, without judgement. He writes, "Keeping observation and evaluation separate in our thinking and communication is one of the hardest things

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