

*Interview with***Dr Loo Yu Xian***Head of OCH PACC and Director of SCH Palliative Care Services*

Interviewed by CI Asst Prof Low Sher Guan, FCFP(S), Editor (Team C)



**What are your newfound roles and responsibilities as Head OCH PACC and Director of SCH palliative care services?**

As Head of the Post-Acute and Continuing Care department of Outram Community Hospital (OCH), I see my main role as working with various stakeholders to enable the talented physicians within the department to do a fantastic job and positively impact the patients under their care.

As the Director of SingHealth Community Hospitals (SCH) Supportive & Palliative Care Service, I develop the palliative care service by working hand in hand with clinical leads from the multidisciplinary team. Because SCH consists of three community hospitals (OCH, SKCH and BVH), this entails bringing together folks from different hospitals to work towards a common goal.

**Why did you take up this role?**

I am grateful to my superiors at SCH for granting me this opportunity, because I am just a simple person who focuses on doing my best on a daily basis. With that being said, I did agree to the role because I see the positive value in being able to facilitate work processes for my colleagues and ultimately empower them to be the difference maker for their patients. To put it simply, I realised that as one person there is a limit to how much I can do and how many patients I can reach. Fortunately, the sky becomes the limit if we are talking about a whole team of people.

**What are your aspirations for your department and service?**

Oh boy, aspirations and ambitions are tough for me. But I really like SingHealth's motto of "Patients. At the Heart of All We Do." and personally use it as something to guide important work-related decisions.

Being a family physician through and through, I hope that my department and service is one that can be proud of delivering person-centered care with compassion to each and every patient under us, in addition to clinical excellence and good patient outcomes.

**What plans do you have for the department?**

Firstly, working backwards from the previous question, I do subscribe to the belief that Happy (Healthcare) Workers lead to Happier Patients, so I wish to spare no effort in trying to understand my team mates' strengths, help provide them the opportunity to do work that they find meaningful and enable them to practise to their maximum potential.

Secondly, work in the community hospital setting offers us this unique position in straddling between acute care in the tertiary hospital and ambulatory care in the community. I see many areas where we can value add to both (i) patients and caregivers in helping them navigate this transition period, and (ii) healthcare system by streamlining patient flow and preserving the vital capacity of our tertiary centers. So it ultimately boils down to recognising such opportunities and working with various parties to address important needs.

**How will this benefit our family medicine fraternity?**

One thing I'm very proud of our family medicine fraternity is our ability to practise the principles of family medicine and person-centered care in a variety of settings: from inpatient to outpatient. By demonstrating that family physicians are able to contribute positively in a wide array of the healthcare landscape, it lends further credibility to our flexibility and capability as a discipline.

In addition, by helping to ease the transition of care from the acute inpatient to the ambulatory clinics, our work as the intermediary enables our fellow family physicians seeing the patients downstream to be able to focus on what really matters - providing excellent chronic and preventive care.

**Can you describe some WOW moments in your work?**

So I have been doing quite a lot of palliative work in the last couple of years, managing patients and their loved ones during the final months of their lives in the inpatient hospice ward. The interesting thing I've found is that the principles of family medicine, such as seeing the whole person before their illness and seeking to understand what matters to them, equally applies to this population.

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It is not always easy to do this in practice, but it can lead to genuine moments of connection and appreciation from both patients and loved ones when they sense your desire to aid them in the way that works for them. When that happens, simple affirmations from them like "You really understand me" or "I am glad that someone like you are around" can brighten my day. I have also seen difficult emotions and behaviours from patients or their kin miraculously dissipate once they get the feeling that you have heard them and are on their side.

### What are some of the challenges that you foresee?

Healthcare is advancing far too rapidly for any person to know everything, and on the ground we are receiving patients that are on increasingly complex treatment regimens from our specialist colleagues. My department is still very young in the grand scheme of things, which has both pros and cons. While we have to recognise our limits in certain fields as generalists, it also means we have the chance to learn cutting edge knowledge from the experts in the fields through our interactions with them.

Another potential challenge is working with the healthcare landscape changes that are bound to occur as Singapore embraces the HealthierSG initiative. Uncertainty and

change will be inevitable and while it is understandable why some may experience discomfort, I feel that the need to shift out of our comfort zones can compel us to embrace models of care that were unthinkable to us previously.

### How do you plan to push the frontiers in this area of work?

To be honest, I believe some helpful ingredients comprise of looking out for areas of need, keeping an open mind and working with partners to brainstorm on new approaches or care models to tackle the important problems. For us in OCH, this may mean working with specialists to upskill ourselves and co-manage patients with complicated comorbidities. It may also mean working with community partners in the ILTC sector (e.g. nursing homes, eldercare centers) and serving as a key resource node to support them.

### Is there anything else you will like to tell us?

I wish to express my gratitude to the College for this invaluable chance to share my thoughts with my fellow family physicians, and to Dr Luke Low for reaching out to me.

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## Life after Fellowship and Beyond

by Dr Zheng Lifeng, FCFP(S), Clinic Director, SingHealth Polyclinics (Bedok)

I completed my Fellowship of the College of Family Physicians Singapore (FCFPS) summative examination in October 2020. The fellowship programme enriched my life and was the platform that enabled me to forge strong friendships with like-minded peers in my study group and class.

About a year after my graduation from the fellowship programme, I was presented with the opportunity of taking on the role of clinic director of SingHealth Polyclinics-Bedok. I had been working in this clinic as a family physician since 2017. In 2019, I was promoted to deputy clinic director. As a relatively young family physician, I was not certain if I was ready for the role of clinic director. However, my then clinic director, Dr. Ng Lok Pui, affirmed my performance as the deputy clinic director and encouraged me to take on this challenge.

As Lao Tze's famous quote goes, "a journey of a thousand miles begins with a single step", I made my first step when I assumed the appointment of clinic director of SingHealth Polyclinics-Bedok on 1st Jan 2022.

I was propelled by the hopes of bringing public primary care in polyclinics to the next level through improving the delivery of care to our patients. I recall a case of a patient with end-stage renal disease with more than 10 Specialist Outpatient Clinic appointments but he did not attend any of them because of limited mobility and social isolation. Eventually, I coordinated his care with his renal physician and community partners, so as to enable him to age in place and avoid institutionalisation. Practising the tenets of Family Medicine, in the provision of coordinated care in a personalised manner, is essential to enhancing the care received by our patients. I hope I can bring this care to the patients who receive care at my clinic.

My new role comes with new responsibilities of ensuring the smooth operation of the entire polyclinic. My polyclinic is one of the largest in SingHealth Polyclinics with a daily attendance for about 1000 visits. Apart from adult consultation services, the polyclinic also provides various nursing services, dental, allied health services in physiotherapy, podiatry, dietetics and medical social work. In addition, SingHealth Polyclinics-Bedok also offers second tier clinics: Family Physician Clinic, GRACE Memory Clinic, GRACE Mobility and Falls Clinic and Health Wellness Clinic. The clinic is also a Family Medicine Residency Programme training site and it supports various ongoing research projects. Apart from managing the comprehensive range of services, I have about 180 staff under my purview. I