

Relationships

Singapore Healthcare Management 2018

Prof Chua Hong Choon

Deputy Chief Executive Officer

National Healthcare Group

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Institute of Mental Health, Singapore



Adding years of healthy life

Quick Poll 1

Do you have healthy relationships in your life?

- A. Yes, all the time
- B. Very often
- C. Occasionally
- D. Never
- E. What do you mean 'relationships'?



<http://etc.ch/dJwS>





Dilbert.com DilbertCartoonist@gmail.com



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Adding years of healthy life

Traditional relationships in healthcare

The way things were for many years



***The Doctor** is an 1891 painting by Luke Fildes that depicts a Victorian doctor observing the critical stage in a child's illness while the parents gaze on helplessly from the periphery. It has been used to portray the values of the ideal physician and the inadequacies of the medical profession.*



(Above left) Children receiving medical treatment from a mobile dispensary in 1951. *Ministry of Information and the Arts Collection, courtesy of National Archives of Singapore.*

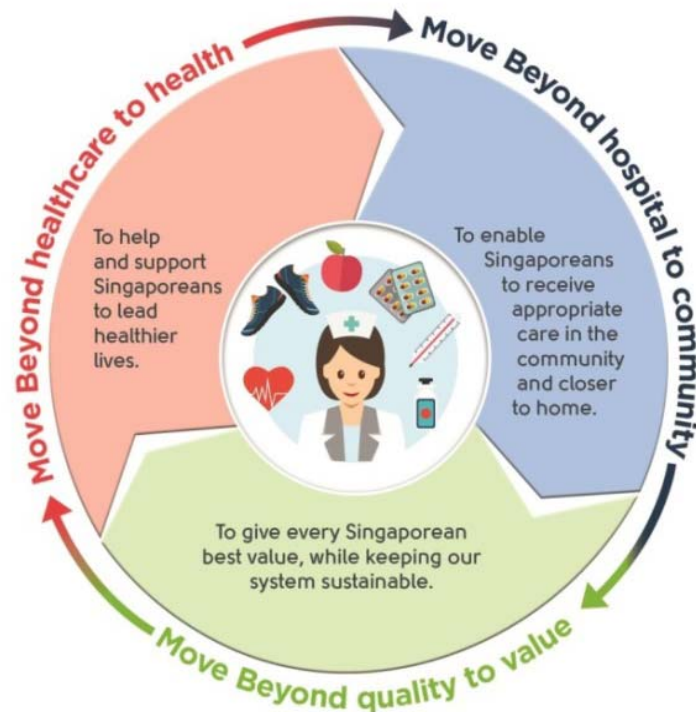


(Above right) Nurses visiting a village in 1957 to carry out an inoculation exercise. *Ministry of Information and the Arts Collection, courtesy of National Archives of Singapore.*

The healthcare world of today

And why we have to re-consider relationships

Three Key Shifts for a Future-Ready Healthcare System



BEYOND HEALTHCARE TO **HEALTH**

Nurturing a healthy nation and healthy people

BEYOND HOSPITAL TO **COMMUNITY**

Transforming our healthcare system to meet the needs of Singaporeans

BEYOND QUALITY TO **VALUE**

Enabling better decision-making in healthcare

Source: Ministry of Health 2017 Budget Initiatives



Now is the time to create a combined health and social care system

[Integrated care](#) [Adult social care](#)



04 September 2014



[8 comments](#)



Authors



[Professor Sir Chris Ham](#)



NHS England's chief executive, Simon Stevens, recently told the Health Select Committee that merging two leaky buckets does not provide a watertight solution. It is for this reason that the growing problems in the NHS and social care cannot be solved by the Better Care Fund or any of the other short-term solutions on offer. Nothing less than a fundamental reform of the funding of health and social care services and citizens' entitlements to publicly funded support is required to address these problems.

How easy is that?

Which is easier to hit the target?



Doug Eby, MD, MPH

Vice President of Medical Services Division

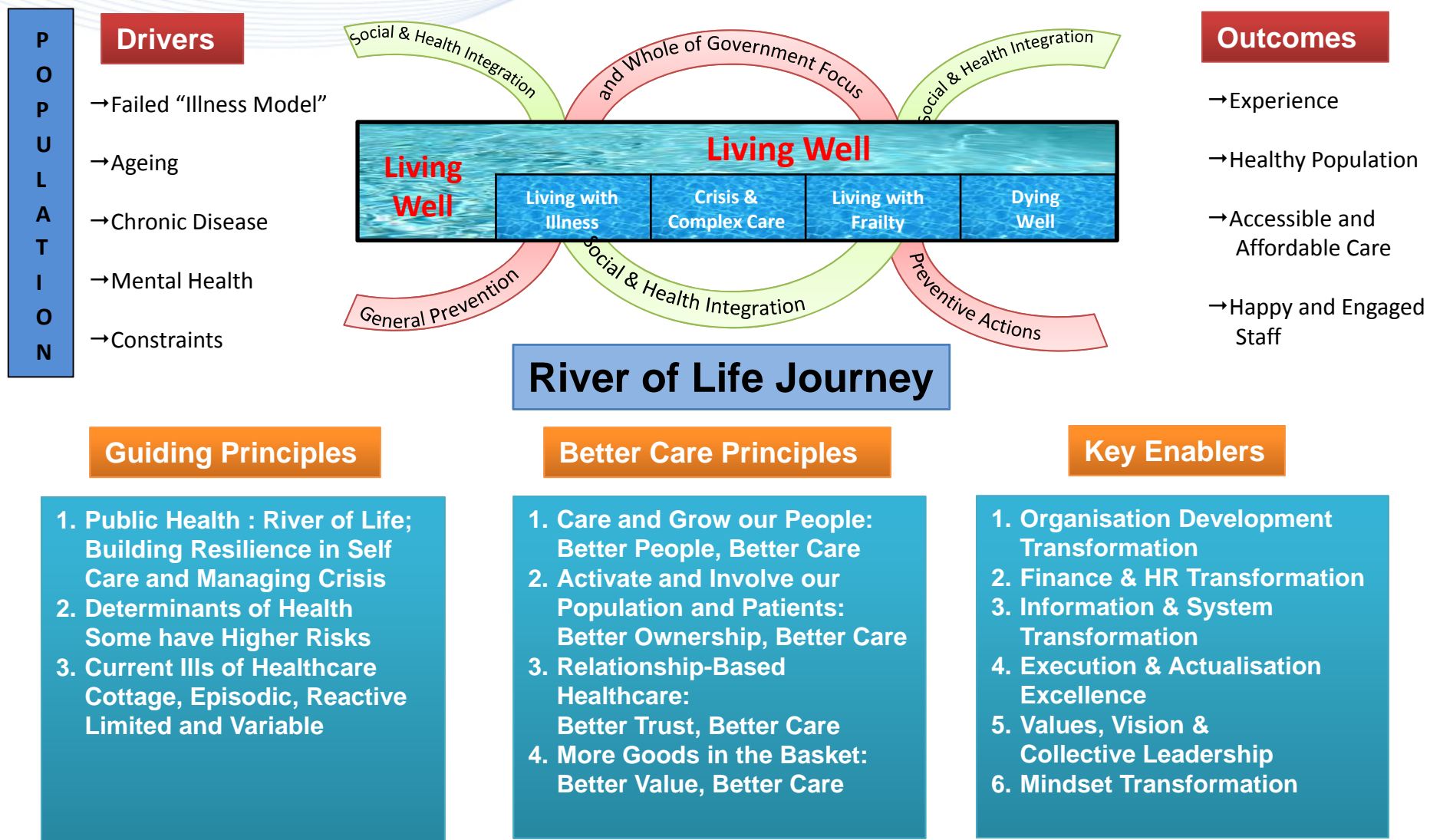
Dr. Doug Eby has served on the leadership teams of Southcentral Foundation (SCF) and the Alaska Native Medical Center since 1995. He has played a key role in the development of SCF's innovative primary care system, and speaks, nationally and internationally, on health care system design and quality improvement. In addition to his medical degree, he holds a master's in public health.



OR



NHG's Relationship-Based Healthcare: *Journeying with Our Population and Patients in the River of Life*



WHY CONNECTED HEALTH?

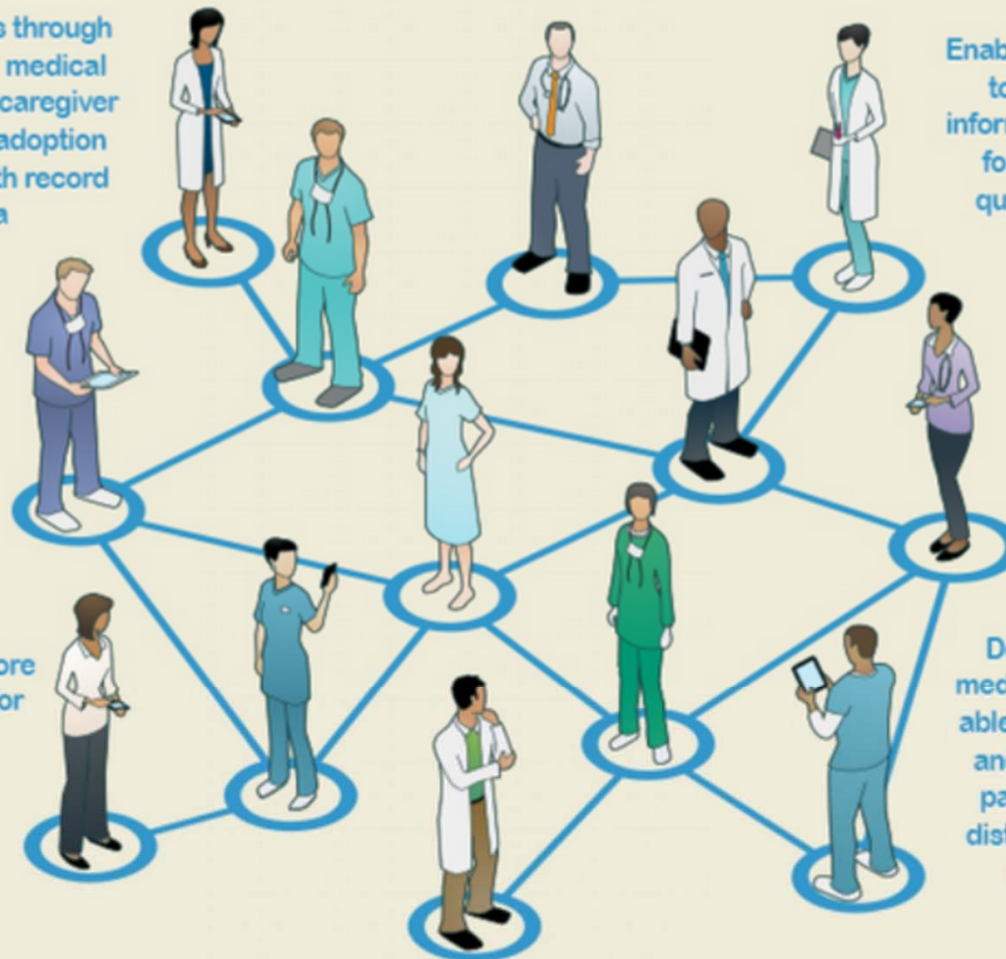
Reduction of costs through interoperability of medical devices, improved caregiver coordination and adoption of electronic health record (EHR) data

Enables caregivers to give more informed decisions for enhanced quality of care

Reduces medical errors and improves administration efficiency

Patients take more responsibility for their health

Doctors and medical staff are able to diagnose and treat rural patients from distant medical facilities



Easier said than done!

The relationship between the patient & healthcare team

And the patient's caregivers too, of course!

Quick Poll 2

Do you think the patient – doctor (clinician) relationship is changing?

- A.Yes, but just minimally
- B.Oh yes, and what a change has been
- C.It hasn't changed much, should!
- D.Oh no, the patient-doctor is timeless and change
- E.What do you mean 'patient relationship'?



<http://etc.ch/dJwS>



More complaints against doctors, last year

By NEO CHAI CHIN



In cases where medical consultations are performed online and MCs issued electronically, doctors must ensure security protocols to prevent fraud. Photo: AFP

Published 29 JUNE, 2017 UPDATED 29 JUNE, 2017

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SINGAPORE — Complaints against doctors increased by nearly 30 per cent while net legal expenses chalked up by the Singapore Medical Council (SMC) for disciplinary proceedings also shot up last year compared to the previous year, according to the council's latest annual report.

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Complaints against doctors at all-time high



Cases in which doctors are found guilty of professional misconduct or negligence include when they gave the wrong medication or dose. PHOTO: ST FILE

PUBLISHED NOV 14, 2015, 5:00 AM SGT



Professional negligence or incompetence top grouse among the 213 complaints last year

Salma Khalik Senior Health Correspondent [e](#) [t](#)

Complaints against doctors reached an all-time high figure of 213 last year. This was 24 per cent more than the 172 complaints received by the Singapore Medical Council (SMC) in 2013.



ST VIDEOS

Stampede as Tamil icon makes his last journey

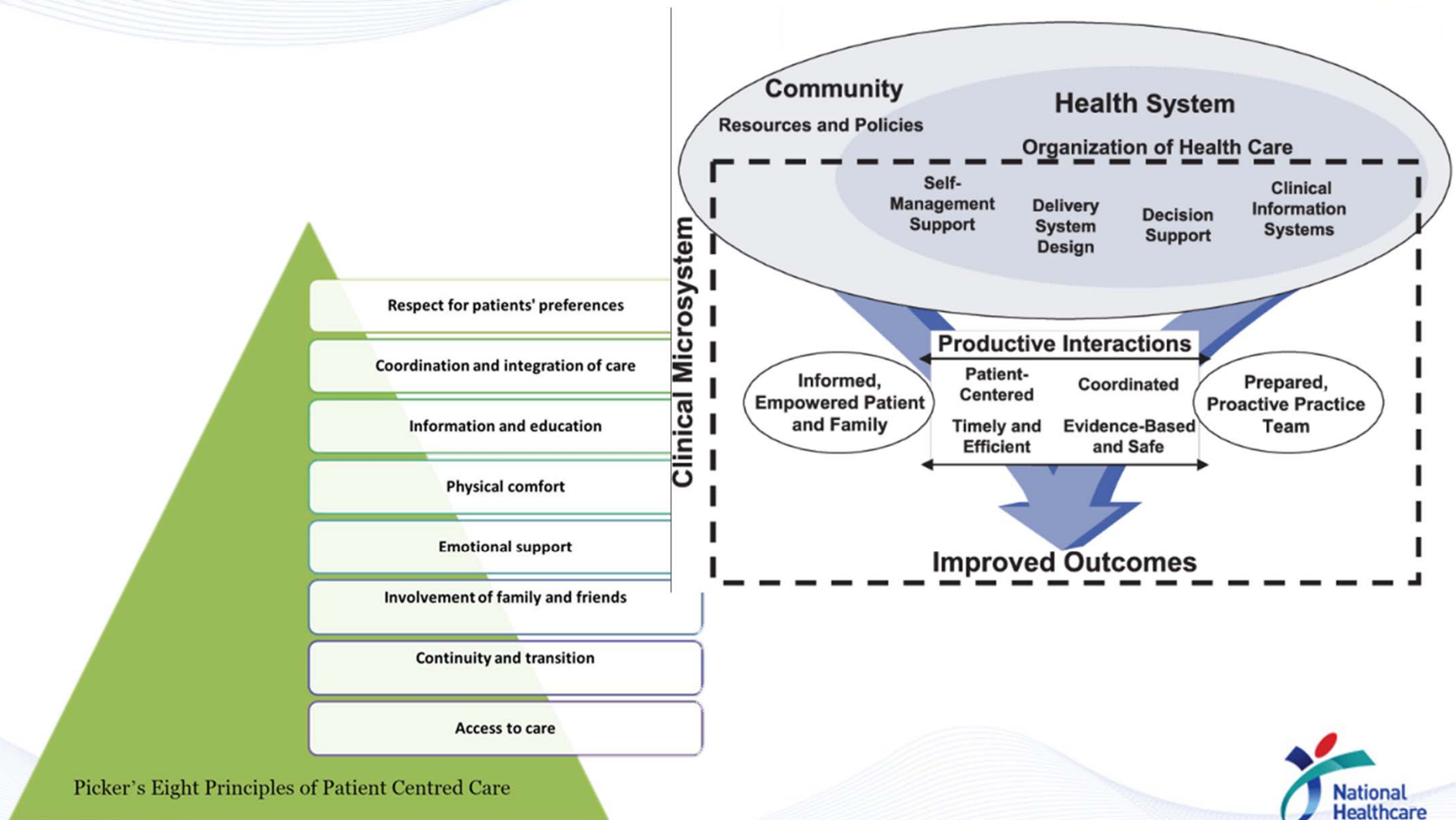
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Patient-centred care & the clinical microsystem



Enabling & Motivating

We need to understand this deeply and practice it everyday

The Major Components of Motivation

Activation



Persistence



Intensity



Activation involves the decision to initiate a behavior, such as enrolling in a psychology class.

Persistence is the continued effort toward a goal even though obstacles may exist, such as taking more psychology courses in order to earn a degree although it requires a significant investment of time, energy, and resources.

Intensity can be seen in the concentration and vigor that goes into pursuing a goal. For example, one student might coast by without much effort, while another student will regularly participate in discussions and take advantage of research opportunities outside of class.



ENABLING

is helping, assisting, supporting, or bailing someone out, in order they may avoid the natural (and perhaps unpleasant) consequences of their actions.

WHY WE DO IT

guilt, fear, control.
(but we call it love.)

WHY WE STOP

we begin noticing our own pain or cyclic insanity as a natural consequence of our enabling, and it grows larger than the why we did it in the first place.

[FACEBOOK.COM/CODIERECOVERY](https://www.facebook.com/codierecovery)

Helping is doing something for someone that he is not capable of doing himself.

Enabling is doing for someone things that he could and should be doing himself.



Jönköpings läns landsting Självdialys

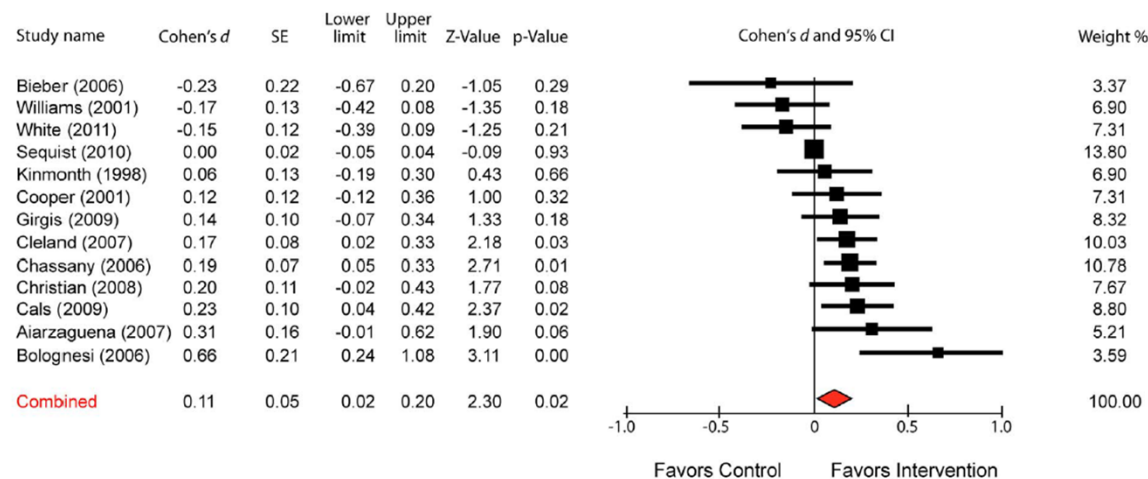
Probably the best self-dialysis unit in the world - Ryhov County Hospital Sweden

10,916 views

👍 24 💬 1 ➦ SHARE ≡+ ...

The Influence of the Patient-Clinician Relationship on Healthcare Outcomes: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

John M. Kelley^{1,3*}, Gordon Kraft-Todd¹, Lidia Schapira^{1,4}, Joe Kossowsky^{2,5,6}, Helen Riess¹



Results: Thirteen RCTs met eligibility criteria. Observed effect sizes for the individual studies ranged from $d = 2.23$ to $.66$. Using a random-effects model, the estimate of the overall effect size was small ($d = .11$), but statistically significant ($p = .02$).

Conclusions: This systematic review and meta-analysis of RCTs suggests that *the patient-clinician relationship has a small, but statistically significant effect on healthcare outcomes*. Given that relatively few RCTs met our eligibility criteria, and that the majority of these trials were not specifically designed to test the effect of the patient-clinician relationship on healthcare outcomes, we conclude with a call for more research on this important topic.

Trust, Health Care Relationships, and Chronic Illness: A Theoretical Coalescence

Global Qualitative Nursing Research
Volume 3: 1–11
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DOI: 10.1177/2333393616664823
gqn.sagepub.com
SAGE

Carole A. Robinson¹

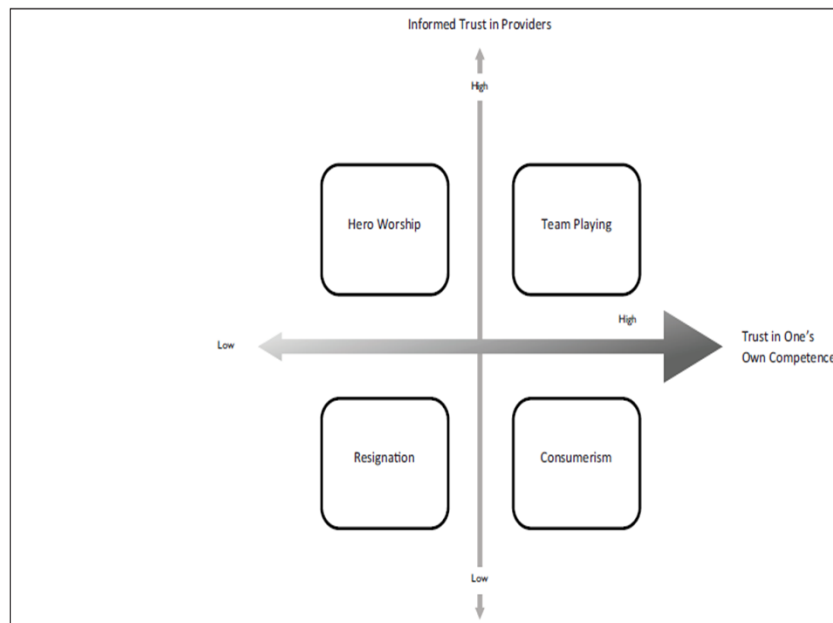


Figure 4. Trust in guarded alliance.
Source. Adapted from Thorne & Robinson, 1989.

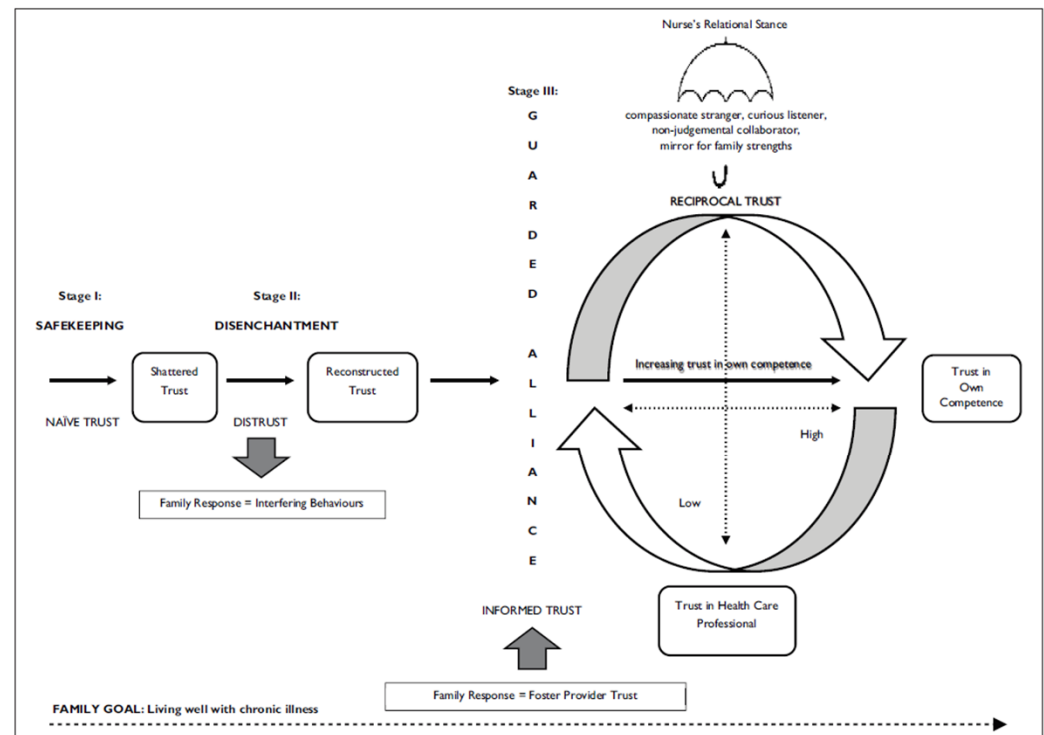


Figure 1. Evolution of trust in health care relationships.

The relationship between members of the healthcare team

From multi-disciplinary to transdisciplinary care ... how easy is that?

Six Essential Relationships in Health Care

H. Andrew Selinger, MD

1. Between physician and patient. When our patients get sick, it is just as important for us to listen to them and educate them as it is to treat their illness. Education and dialogue can reduce stress and promote healing. In addition, techniques such as “teach-back” and motivational interviewing can help us be sure that our patients understand our instructions and are ready to take steps toward behavior change.

2. Between office staff and patient. In this relationship, patients have a responsibility to be open and honest about the reason for their visit, their history, lifestyle habits, and any concerns and questions they may have. In turn, the staff’s responsibility is to communicate empathy and trustworthiness while collecting this vital information.

3. Between physician and caregivers/family. For many patients, it is crucial to include nonmedical caregivers and family in the information loop.

4. Between physician and physician.

When primary care doctors and other specialists share information with one another, they are ultimately helping the patient avoid duplicate medications and tests, drug interactions, and a whole host of other problems. Ideally, all patient information should be funneled to the primary care physician and then be available at this “hub” to other specialists.

5. Between physician and allied health professionals.

Nurses, therapists, counselors, pharmacists, medical assistants, and other allied health professionals are often physicians’ eyes and ears in the field. Working collegially with these individuals is in our best interests. If successfully raising a child takes a village, then successfully caring for a patient takes a team, and allied health professionals are an important part of that team.

6. Between physician, inpatient facility, and patient.

Effective transitions in care complete the circle from health to sickness and back to health again. When handled poorly, however, they can cause suffering, relapse, and readmissions, which unnecessarily cost the system and all of us billions of dollars annually.

Job satisfaction at this health system is 92%. Find out why.

JUL 25, 2018



Sara Berg
Senior Staff Writer
AMA Wire
[@SaraTheIceBerg](#)



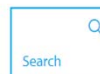
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At Bellin Health in Green Bay, Wisconsin, 92 percent of physicians and staff are satisfied with their jobs. That remarkable achievement can be attributed to the system's [team-based care](#) model. Since implementation in 2014, AMA member James Jerzak, MD, has seen a significant reduction in burnout across all staff, as well as improvement in patient satisfaction and quality of care.



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Why team-based care works to restore joy in practice

"The thing I find most satisfying in this is empowering the staff," Dr. Jerzak said. "I love it when I'm in the room and I'll say to the care team coordinator, 'Let's have case management involved,' and they look at me and say, 'I already ordered it.' We don't need the clinician to be approving everything when it's obvious it has to be done."

Other lessons Dr. Jerzak said Bellin Health learned from adoption of team-based care:

- Colocation is critical and can be done without any extra staff
- Electronic messaging is very inefficient and should be avoided
- The number one thing in team-based care is personality—being able to work with the people around you

Dr. Jerzak noted that burnout is not limited to physicians—in fact, it affects all health care professionals—and he thinks team-based care has the potential to restore joy not just to physicians but to everyone involved.





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“

The Medicaid Advisory Committee is supposed to be the part of the agency [Oregon Health Authority] made up of the consumer voice, that you have people that are part of plans, people that are part of the Oregon Health Plan all talking about the issues that are affecting the membership of the Oregon Health Plan. And hopefully using a little bit of that conversation to influence the way that the plan is administered through the Oregon Health Authority. So, staffed by great people from the Oregon Health Authority and we've been focusing a lot now on the social determinants of health.

I think that the CCO experiment over the last five years has made some pretty major and positive steps towards figuring out the health plan's role in addressing the social determinants of health, but there's a lot of work left to be done to figure out how to push that envelope forward I think a bit. We still I think are starting to learn, or trying to learn a bit more about what's happening throughout the state with the ways that CCOs are addressing social determinants. Having 16 different CCOs that are community-based means that you might be addressing different social determinants in 16 different ways, none of them wrong.

Trying to gather all that into some sort of unified policy is the work I feel like the Medicaid Advisory Committee is focusing on now and then also working a lot closer with the Oregon Health Policy Board. The Oregon Health Policy Board is really working through recommendations on the futures of CCOs and we've had some really good conversations with folks over there about the work that we're doing and making sure none of us are duplicating efforts but really supporting each other's work for the good of the system.



What They're Watching: Jeremiah Rigsby, CareOregon

Kylie Walsh | Jun 13, 2018

Jeremiah Rigsby, Director of Public Policy and Regulatory Affairs at [CareOregon](#), joins us in this edition of "What They're Watching" to talk about addressing the social determinants of health through the CCO model.

Intergroup relationships and quality improvement in healthcare

Jean M Bartunek

ABSTRACT

Background: Intergroup problems among physicians, nurses and administrators in healthcare settings sometimes retard such settings' ability to foster enhanced quality of care. Without knowledge of the social dynamics that generate the difficulties, it is impossible to address some crucial issues that may affect quality initiatives.

Methods: This paper reviews three types of dynamics, social identity, communities of practice and socialisation into particular professional identities that affect relationships among professional groups in healthcare settings.

Recommendations: A suggestion is made for the creation of cross-boundary communities of practice, socialisation into them and dual, superordinate identities as a means to foster more effective intergroup dynamics and, thus, contribute to a greater quality of care.

*“**Social identity theory** suggests that it is very normal for physicians, nurses and hospital administrators to see their own group as much more complex than other groups and to value its contributions particularly highly.”*

*“**Communities of practice** develop tacit forms of knowledge that can be learnt only through participation in the community.”*

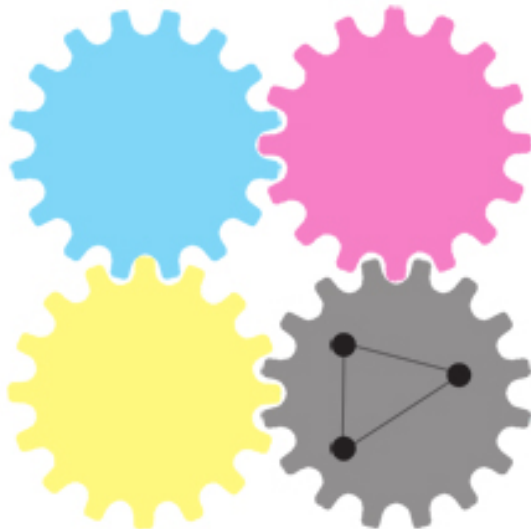
*“Nurses, doctors and healthcare administrators are also **socialised into the communities of practice associated with their professional roles**. So, it is not surprising that when the different groups interact, there is often difficulty in working well across communities.”*

“The successful creation of dual, superordinate identities can help foster quality care.”

Re-designing the way we work together

Is this possible? How?

MULTIdisciplinary



Everyone working on the same problem within silo boundaries of own disciplines under their assumptions and restrictions

Outcomes add to the body of knowledge

Little innovation due to fixed philosophy & work in isolation from other disciplines

INTERdisciplinary



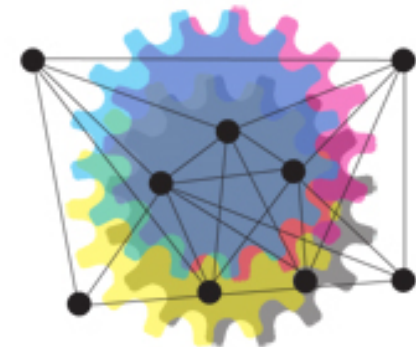
Everyone working on the same problem with overlapping disciplinary boundaries blending of assumptions and restrictions

Outcomes add to the body of knowledge & give theoretical solutions to problems

Some innovation due to flexible philosophy & work influenced by other disciplines

Cooperation yields disruptive innovation
Collaboration yields cocreative innovation

TRANSdisciplinary



Everyone working on the same problem by transcending disciplinary boundaries drawing on non-traditional perspectives crossfertilizing assumptions/restrictions resolving contradictory points of view

Outcomes add to the body of knowledge & provide practical solutions to problems

Lot of innovation due to open philosophy & work transformed by other disciplines

Results in improved theories or models, newly invented methods or techniques, novel synergy of systems or structures, and innovative thinking or technologies

Multi-Skilled Therapy Assistants at IMH



Will patients always be patients?

TODAY

New apprenticeship scheme in 2018 for mental health peer support specialists



(Left to right) Ms Faith Wong, 36, and Mr Vijay Pratap, 31, who are peer support specialists with the Institute of Mental Health. Photo: Koh Mui Fong/TODAY

BY LOUISA TANG
louis.tang@mediaworld.com.sg
PUBLISHED: 12:45 AM, OCTOBER 10, 2017
UPDATED: 2:53 PM, OCTOBER 10, 2017

SINGAPORE — A decade ago, Ms Faith Wong, 36, would go through the same routine every week. She would feel suicidal over the weekend and by Monday, she would be exhausted on the job. She would then finish one week's worth of work on Wednesday in a manic rush before mentally "crashing" on Friday.

Being diagnosed with bipolar disorder and having to cope with the condition while holding down a fulltime job was very difficult, she recalled, saying that she was in "perpetual depression" then. Now she is running her own lamp-making business.

There are now 16 peer support specialists working in various mental healthcare settings, such as IMH, Singapore Anglican Community Services (SACS), and Caregivers Alliance Limited.

At SACS, three peer support specialists work alongside those recovering from mental health issues and talk about their personal experiences in a support group. They also partner therapy aides to organise rehabilitation programmes, such as social outings and cooking activities.

Mr James Chan, executive director of the psychiatric

Peer Support Specialists at the Institute of Mental Health



The relationship between the health system and the population

Can we really make people healthier and reduce the burden of illness?

FEATURED PRESENTATIONS

The Nuka System of Care: improving health through ownership and relationships

Katherine Gottlieb*

Southcentral Foundation, Anchorage, AK, USA

Vision

A Native Community that enjoys physical, mental, emotional and spiritual wellness


Mission

Working together with the Native Community to achieve wellness through health and related services



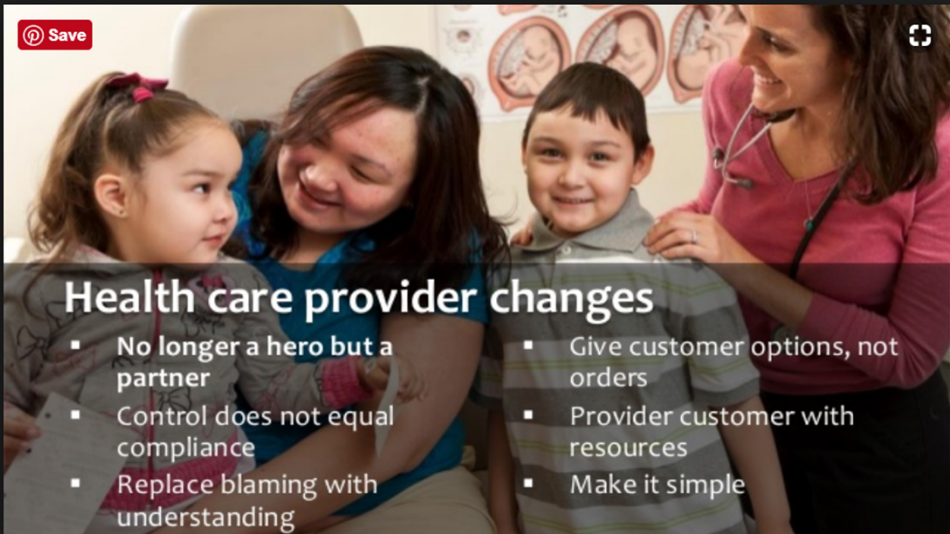
em of Care, based in Anchorage, Alaska, is a result of a customer-ly a bureaucratic system centrally controlled by the Indian Health control as the “customer-owners” of this health care system. The vision tal, emotional, and spiritual wellness and working together as a erational principles based on relationships, core concepts and key an environment for creativity, innovation and continuous quality ve received national and international recognition for their work and nance excellence, community engagement, and overall impact on health care transformation led by Alaska Native people is described ner ownership and the relationship-based Nuka System of Care are

ermination; relationships; outreach; public health; quality improvement



Customer-owner changes

- Actively involved in partnership with your Primary Care Provider
- Take responsibility for your health
- Get information about your health
- Ask questions about advice
- Ask for options



Health care provider changes

- No longer a hero but a partner
- Control does not equal compliance
- Replace blaming with understanding
- Give customer options, not orders
- Provider customer with resources
- Make it simple

Operational Principles

Relationships between the customer-owner, the family, and provider must be fostered and supported
 Emphasis on wellness of the whole person, family, and community including physical, mental, emotional, and spiritual wellness

Locations that are convenient for the customer-owner and create minimal stops for the customer-owner

Access is optimized and waiting times are limited
 Together with the customer-owner as an active partner

Intentional whole system design to maximize coordination and minimize duplication

Outcome and process measures to continuously evaluate and improve

Not complicated but simple and easy to use

Services are financially sustainable and viable

Hub of the system is the family

Interests of the customer-owner drive the system to determine what we do and how we do it

Population-based systems and services

Services and systems build on the strengths of Alaska Native cultures

Core Concepts

Work together in relationship to learn and grow

Encourage understanding

Listen with an open mind

Laugh and enjoy humor throughout the day

Notice the dignity and value of ourselves and others

Engage others with compassion

Share our stories and our hearts

Strive to honor and respect ourselves and others

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South East CDC plans to reach out to more seniors

 PUBLISHED MAR 11, 2018, 5:00 AM SGT

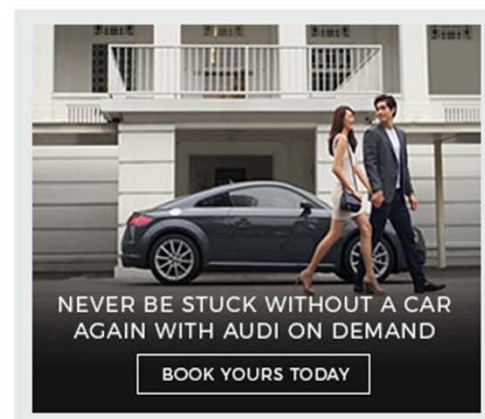


Rachel Au-Yong  Housing Correspondent

A neighbourhood befriending programme to keep an eye on the elderly aims to reach out to about 1,000 more vulnerable seniors by next year.

South East Community Development Council (CDC) Mayor Maliki Osman, speaking at an appreciation lunch for volunteers, said the Neighbours for Active Living programme, set up by South East CDC and Eastern Health Alliance, will strengthen its referral system by working with the Community Network for Seniors and Pioneer Generation Office to identify vulnerable seniors.

The programme's Community Care Team, made up of trained professionals from the nursing, social work and healthcare industry, will then coordinate health and social care for the seniors.

ST VIDEOS 

IMDB-linked Equanimity, valued at S\$340m, could become most expensive superyacht to be auctioned

wellness
kampung

1045

Registered visitors
as of February 2017

St Luke's
ElderCare

Alexandra Health
System

Nee Soon
GRC

WELLNESS ISSUE The 义顺情缘 Rangkaian Nee Soon நீதன் இணைப்பு
Nee Soon Link
Published by Nee Soon Town Council | MCI (P) 093/07/2016 | Issue No 34, 2017

乐人生 义顺情
Helping Residents Lead
Happy and Healthy Lives
MP Dr. Lee See Wah on new
health initiatives in Nee Soon South
like a Diabetes Resource Centre and
Designated Smoking Points.
Pg 4-5, 6, 7

Fun and Active Living
in Nee Soon
From drink kasting and patinball,
to kaping and foot springs, you
can have it all in Nee Soon.
Pg 8-9

From Wheelchair
to Gold
Nee Soon resident 'Tib See Ning' has
never let cerebral palsy stop her. She
is a national Paralympian and almost
won a medal in Rio!
Pg 15-16



3 New Wellness Kampungs in Yishun

义顺3所全新的综合养生村 3 Kampung Kesejahteraan Baru di Yishun
யிசுனில் 3 புதிய நலவாழ்வு முகாம்கள்

Taking charge of your health is easier when you have the support of the whole community. At the new Wellness Kampungs in Chong Pang, Nee Soon Central and Nee Soon East, residents of all ages are encouraged to adopt an active and healthy lifestyle.

Set up in March 2016, the three Wellness Kampungs are run mostly by residents, for residents. Here, they learn to exercise in groups and cook their favourite dishes in a healthier way through 'Cook For Life' programmes. Residents can also get regular health checks, for example on their blood pressure, body mass index, cholesterol and blood sugar levels.

Many residents join the mass exercises, held Mondays to Fridays. These include rhythmic aerobics, Qi Gong, meridian and stretching exercises.

Residents also teach other residents their skills, like calligraphy or English. In the kampungs' educational programmes.

Upcoming Programmes at the kampungs include classes on repairing wheelchairs and electrical appliances.

Each kampung also has an adjacent eldercare centre. Prallier residents receiving daycare and rehabilitation at the eldercare centres can join in the kampung activities to make friends with more neighbours.

Ms Evelyn Chua, the manager of the three Wellness Kampungs, explained, "According to research done on centenarians around the world, longevity depends not only on our genes, but also on adopting the right lifestyle. Having a sense of belonging to the community is just as important. The wellness kampungs are positioned to support this lifestyle."

Where are the wellness Kampungs?
■ Blk 115 Yishun Ring Rd (Chong Pang)
■ Blk 765 Yishun St 22 (Nee Soon Central)
■ Blk 260 Yishun St 22 (Nee Soon East)



Our Inspiration....



Ah Ma's Story

- 80+ year old previously on wheelchair
- Minimal physical activities before
- A regular at our Wellness Kampung for daily exercise and interactions
- Now able to walk unaided and actively participate in Wellness Kampong's activities
- Since using NSC tracker, have been walking 6,000 -8,000 steps per day

Share-A-Pot



A community-based project to
**BUILD BONES,
BRAWN & BRAIN**
in community-dwelling
seniors, &
to transform
neighbourhoods
into communities.

Feb 2017
13 active sites
900 registered
500 regulars



TOMORROW'S MEDICINE

YOUR STORY. YOUR VOICE.

ISSUE 35

MCJ (P) 101/06/2017

SINGHEALTH DUKE-NUS ACADEMIC MEDICAL CENTRE

www.tomorrowmed.com

Cared for, supported by many helping hands

Under the Community of Care programme, elderly with complex medical and social needs find comfort in being able to recuperate at home

IN spite of suffering chronic knee pain, anaemia and several other ailments, Mr Low Teck Guan, 70, often forgot to take his pills – all 11 of them – in the morning.

This went unnoticed until Ms Lisa Ang, a Patient Navigator and staff nurse from Singapore General Hospital, visited him at his two-room rental flat in Lengkok Bahru, five days after he was discharged from hospital. It had been his third hospital admission in the past year.

"I counted his medication and noticed he had not been taking them every day as prescribed," said Lisa.

She packed his medication into pill boxes and labelled them according to days of the week to help give Mr Low a visual reminder to take his pills.

Lisa is part of an SGH care team that conducts home visits under the Community of Care programme. Launched in April 2017 by the SingHealth Regional Health System (RHS), the programme aims to enhance health and social care for elderly patients after they are discharged from hospital.



From left: Alan Yong, care executive from NTUC Health Cluster Support and SGH Patient Navigator Ms Lisa Ang, doing a home visit together

More



Mobile eye care
SNEC launches Mobile Eye people gallery
<https://goe.g...>



Special home care

NNI trains home care nurses to provide care for patients with Parkinson's disease
<https://goo.gl/f2m4bS>



Fending off diabetes

neighbours for Active Living

Neighbours for Active Living, or "Neighbours" for short, is a novel programme combining healthcare and social expertise and resources to train volunteers to care for sick elderly in their own neighbourhoods. The programme was jointly developed by the South East Community Development Council (SECDC) and Eastern Health Alliance (EH Alliance) and launched on 25 January 2014 by Dr Maliki Osman, Mayor, South East District.

Neighbours for Active Living

Dr. Mohd Maliki Osman
Mayor
South East District



Adding years of healthy life



COMMENTARY

Commentary: Kampung spirit not a wish to revert to the past, but a longing for togetherness



By Josephine Chia

09 Aug 2018 06:25AM

(Updated: 09 Aug 2018 06:30AM)

293 shares



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Commentary: Kampung spirit not a wish to revert to the past, but a longing for togetherness

Many Singaporeans long for the sense of community and resilience we shared in the kampung, says famed author Josephine Chia.



People at a Love Life carnival in Singapore, which featured local businesses with sustainable goods.

July 24, 2018 • [Top News](#) • By [Jeremy Chan](#)

So You Want To Be A Doctor? Be Prepared For The Ride Of Your Life

Seven doctors with extraordinary career paths shed light on the many options beyond medical school at Wildtype Media Group's 'So You Want To Be A Doctor' seminar.

SHARE



(From left) Dr. Rebecca Tan, Assistant Professor Isaac Liu, Dr. Benjamin Seet, Dr. Tiah Ling, Professor Wong Tien Yin, Assistant Professor Swaine Chen, Assistant Professor Chester Drum, Dr. Juliana Chan. Credit: Cyril Ng/Wildtype Media Group.

Inter-agency collaboration for health & social care

This can be really challenging!

Intervention for Hoarding Cases in Kembangan-Chai Chee

Involving Agency for Integrated Care, Eastern Health Alliance, IMH, HDB, Marine Parade Town Council, MSF, NEA, PA, Persatuan Pemuda Islam Singapura



In one such case, the Institute of Mental Health (IMH), Persatuan Pemuda Islam Singapura (PPIS) and Filos Community Services take charge of the psychiatric intervention plan and social assistance while the People's Association and grassroots volunteers handled the clean-up of the home. The Housing & Development Board, National Environment Agency and Marine Parade Town Council looked into fumigation and ensured the clean-ups were well completed. Subsequently, Filos, PPIS and IMH counselled the hoarder and continued to engage the family regularly to maintain the cleanliness of the unit.





The key ingredients for healthy relationships at work

And these will apply to your personal life too, of course

Quick Poll 3

Which is most important in healthy relationships?

- A. Respect
- B. Trust
- C. Friendship
- D. Dependence
- E. Honesty



<http://etc.ch/dJwS>



Healthy Relationships



thejenmoff.com

Do you have ***healthy relationships*** at work?



Trust is hard to earn but so easy to lose...

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By Invitation

A violation of doctor-patient trust



Chong Siow Ann

PUBLISHED MAY 21, 2016, 5:00 AM SGT



Why sexual relationships, even if consensual, are wrong

In F. Scott Fitzgerald's last novel, *Tender Is The Night*, which was published in 1934, the protagonist is an American psychiatrist named Dick Diver. At the start of the story, Diver is at the cusp of what should have been a brilliant career. As the narrative unfolds, we see Diver taking on the case of a rich and beautiful but deeply troubled heiress who he not only treated but married as well.

Singapore Med J 2017; 58(12): 681-684

doi: 10.11622/smedj.2017073

Medical dispute resolution, patient safety and the doctor-patient relationship

Kumaralingam Amirthalingam, LLB(Hons), PhD

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Full Text

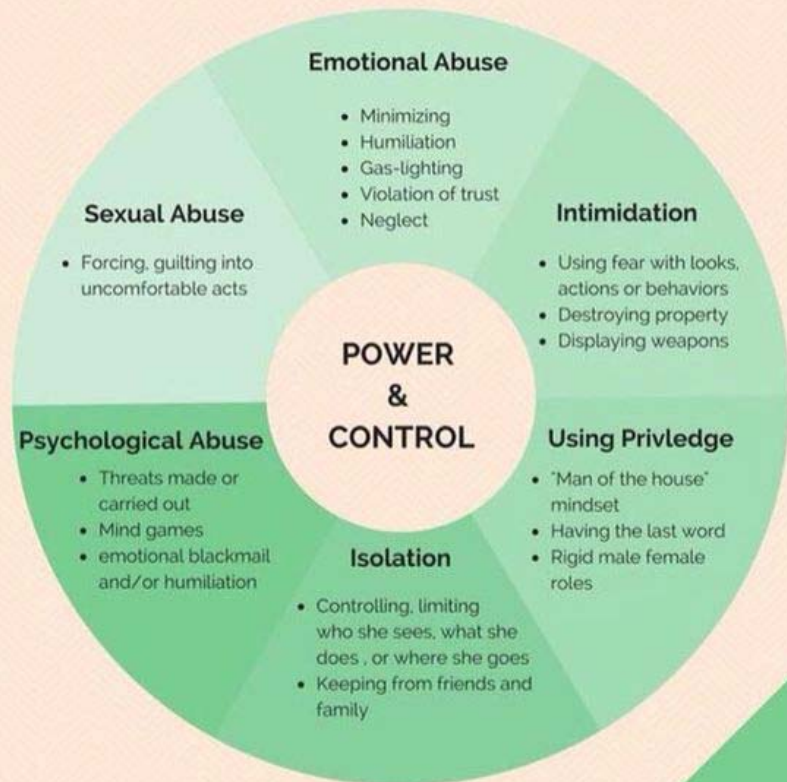
PDF

References

INTRODUCTION

This paper argues that most medical disputes are better resolved through alternative dispute resolution mechanisms and that these mechanisms can contribute to improving patient safety by encouraging more candid and comprehensive reporting of risks. It also argues that medical disputes and patient safety have to be viewed through a new lens, namely patient autonomy. Autonomy has come to dominate the discourse on medical negligence in recent years. It reached a high watermark in the recent landmark United Kingdom Supreme Court decision of *Montgomery v Lanarkshire Health Board*,⁽¹⁾ in which the Supreme Court, overruling its earlier jurisprudence on the medical duty to inform, endorsed the Australian *Rogers v Whitaker* ⁽²⁾ test of the prudent patient in preference to the conventional test of the reasonable doctor, established in *Bolam v Friern Hospital Management Committee*.⁽³⁾ The court in *Montgomery* recognised that the doctor-patient

Toxic/Abusive Relationships



thejenmoff.com

*Or is work today
getting to be a **REAL**
PAIN?*



THE STRAITS TIMES

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SGD certified partner

Young doctors here feeling burnt-out, says study



Dr Jonathan Yap (left), associate consultant in the National Heart Centre Singapore's cardiology department, seeing a patient with his mentor, Associate Professor Yeo Kheng Keong, a senior consultant. The mentorship programme is among hospital schemes that aim to help young doctors cope with stress. ST PHOTO: TIMOTHY DAVID

PUBLISHED NOV 20, 2017, 5:00 AM SGT



Linette Lai Health Correspondent

Young doctors are feeling burnt-out, and this affects their ability to empathise with patients, a local study has found.

Occupational health & wellbeing

Workplace wellbeing news and guidance from Personnel Today

HOME TOPICS LEGAL EDUCATION OH JOBS

Nearly half of employees do nothing to tackle work-related stress

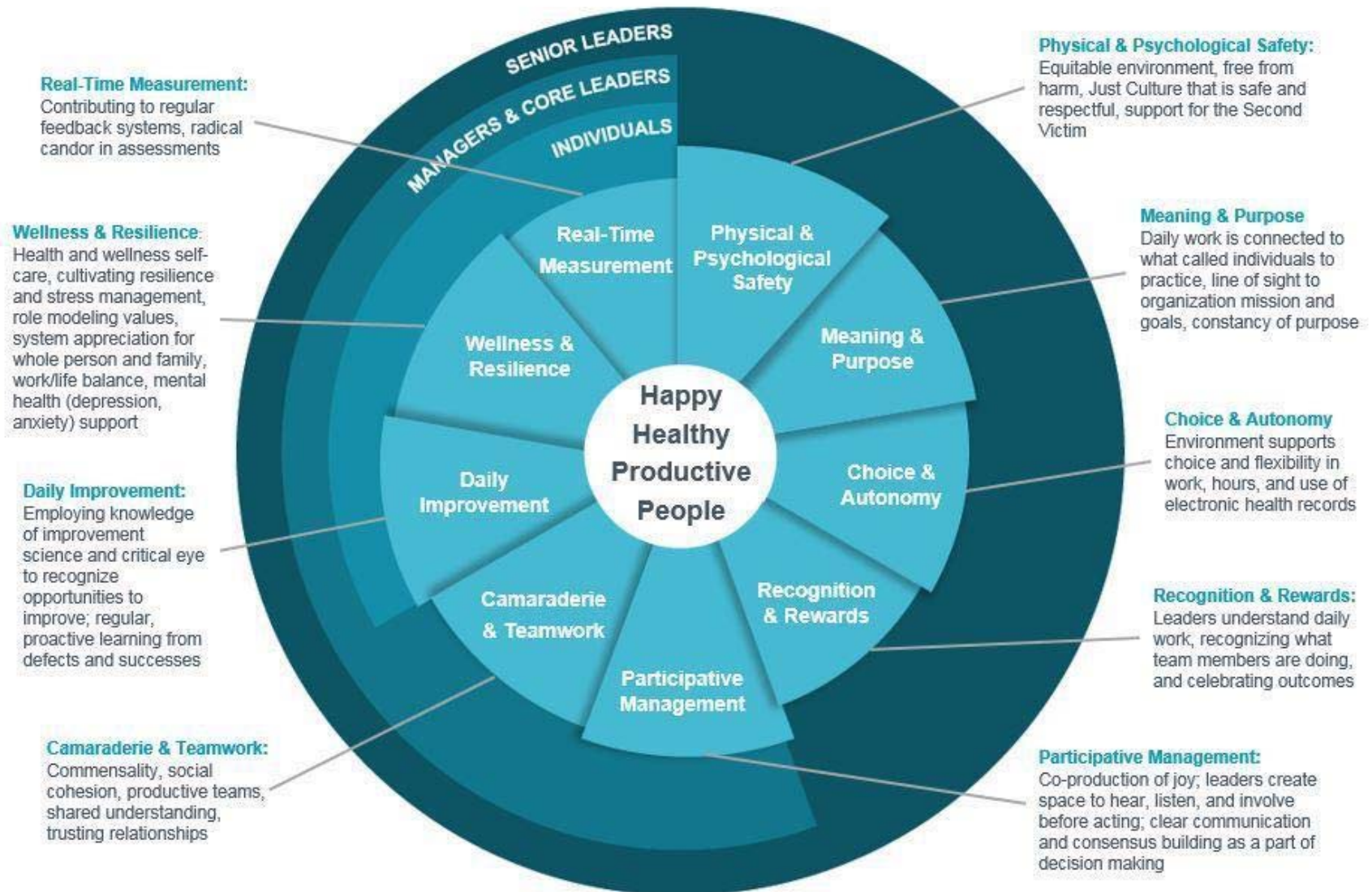
By Ashleigh Wight on 27 Jul 2018 in Mental health and stress, Stress, Latest News, Wellbeing and health promotion, Wellbeing



Exercise is the most popular method of relieving work-related stress

Almost half (48%) of workers in the UK do little or nothing to relieve work-related stress, a survey has found, often due to a lack of free time.

The Institute for Healthcare Improvement's Joy in Work program



Institute of Mental Health's EVP



MEANINGFUL WORK

Discover Purpose &
Self @ IMH

CREATE A BRIGHTER FUTURE TOGETHER



GROWTH OPPORTUNITIES

Grow as a Professional &
Individual @ IMH



TEAMWORK & EMPOWERMENT

Build Trust, Respect &
Togetherness @ IMH



WORK-LIFE HARMONY

Live Healthier &
Work Better @ IMH

Conclusions

So did you learn anything new?

Final Poll

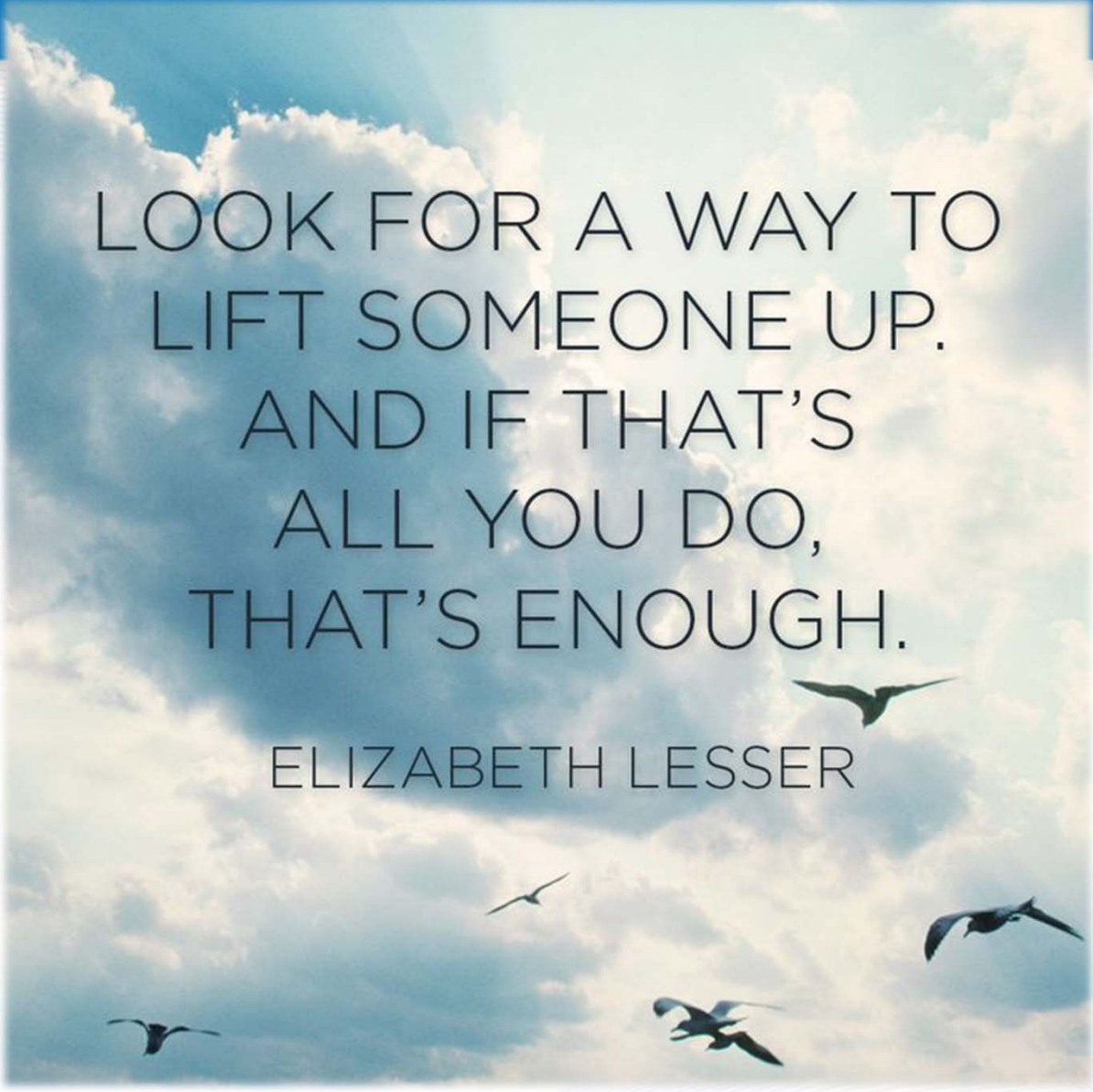
What will you do after this lecture?

- A. I'm perfect ... no need to change a thing!
- B. I'm going to quit this healthcare business ... it's impossible ☹️
- C. I'm going to build better relationships in my life
- D. I will be more mindful of the relationships in healthcare
- E. I'm going to become a psychiatrist



<http://etc.ch/dJwS>





LOOK FOR A WAY TO
LIFT SOMEONE UP.
AND IF THAT'S
ALL YOU DO,
THAT'S ENOUGH.

ELIZABETH LESSER

THANK YOU