Many Talents, One Passion

In Praise of Healthcare Heroes
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Foreword

My recent heart bypass surgery brought me into direct contact with our healthcare colleagues in a personal and intense way. I had had a successful surgery and undergone an effective rehabilitation programme, which returned me to my pre-surgery fitness level.

I have many people to thank for this happy turn of events: the cardiologists who detected the problem before it caused any permanent damage, the cardiac surgeons who fixed the problem thoroughly, the anaesthetists who enabled me to go through the trauma with minimal suffering, the radiologists who helped pinpoint the problem, the nurses who cared for me round-the-clock and who rendered sound advice based on their vast experience, the physiotherapists who got me properly rehabilitated, the dietitians and kitchen chefs who ensured balanced nutritious meals during my stay, and many more in the healthcare community.

Serving a patient in a modern hospital is a complex undertaking. While doctors and nurses are the prominent providers, many others work together in concert to maximise the health outcome for patients. Modern healthcare delivery is multi-disciplinary, comprising integrated teams of skilled healthcare professionals. Besides physiotherapists and dietitians, there are also radiographers, optometrists, psychologists, audiologists, speech therapists, nutritionists and many more. We call them Allied Health Professionals, forming an integral part of healthcare delivery in supporting patients’ successful recoveries.

In the public sector, we have over 3,600 Allied Health Professionals, partnering some 4,400 doctors and 15,600 nurses. Outside of the public sector, there are many more Allied Health Professionals, looking after patients in nursing homes, community hospitals or at home.

As our population ages, the demand for their services will grow. We are preparing for this. First, we are expanding the training capacity. Second, we are raising their capabilities, including through international collaborations at
postgraduate level. Third, we are regulating the Allied Health Professions to safeguard standards, and ensuring continuing professional education.

Meanwhile, our seniors are better educated and healthier than their parents and grandparents. They want to stay well and age well at home. With good home care and day rehabilitation care, even disabilities can be coped with at home. This is their aspiration. Nobody wants to spend their last years or months in a hospital or a nursing home. Our healthcare system must support this aspiration. The Allied Health Professionals play critical role in meeting this expectation.

This book is a powerful testimony to the many talents in our Allied Health professions. It offers insights into their distinct expertise while capturing their passions. It reflects their commitment to make their patients’ life better, their calling.

I hope readers will come to appreciate their dedication and contributions, and be inspired to be part of our team.

Mr Khaw Boon Wan
Minister for Health, Singapore
The delivery of healthcare from diagnosis to treatment involves many healthcare professionals. Besides the familiar roles played by doctors and nurses, there are many vital roles in the different aspects of investigative work and therapeutic care of patients that involve other professionals. This group of professionals are collectively known as Allied Health Professionals (AHPs).

Some of them practise in the frontline and others work behind the scenes. Because these professions are smaller in numbers and less talked about, the public does not always know who they are or what important functions they play in the overall, holistic care of patients.

In the last five to ten years, this heterogenous group of professions was drawn together as the Allied Health Professionals. This identity was important in giving recognition to them. The impetus for the growth of the healthcare sector in Singapore has also spurred on the need to develop these professions. It has led to increased efforts to develop career paths, as well as the setting up of competency frameworks in their respective professions for career growth and development.

The multi-disciplinary team approach in healthcare has evolved and brought about more interaction and collaboration among all the healthcare professions. The recognition of the expertise of AHPs and the roles they play in the holistic care of patients, and the mutual respect and collegiality among members have had a positive impact on AHPs and certainly the whole system of care delivery.

This book, Many Talents, One Passion, introduces the many AH professions and professionals in Singapore. It is the first of its kind and provides glimpses into the work that AHPs do, the challenges they face and the different aspects of their professions that motivate them.
Their stories are heart-warming and inspiring. As you leaf through these pages, you will find that the one thread that binds all these professionals — beyond their many talents — is that they truly care for others. This is their one true Passion.

Ms Ang Hui Gek
Director, Allied Health Division, Singapore General Hospital /
Chief Pharmacist, Ministry of Health, Singapore
Clinical Dietitian
Clinical dietitians use their knowledge of food and nutrition to assess their patients’ nutritional needs to help maintain and promote their health. In certain nursing care facilities, small hospitals, or correctional facilities, dietitians may also manage the food service department.

Besides planning nutrition programmes and promoting healthy eating habits among their patients, dietitians also work to translate scientific evidence-based research on nutrition, health and disease into practical nutrition guidelines. They do this so that patients are able to better understand the relationship between food and health, and make informed choices about what they eat. This, in turn, translates into healthier lifestyles.

To promote healthy eating, dietitians may conduct group education for patients, their family members and caregivers, as well as the public. These groups may include ones that have been established for diabetes education, weight management, cardiac rehabilitation and eating disorder rehabilitation.

In the healthcare setting, clinical dietitians often provide medical nutrition therapy. This is where they develop and propose nutritional treatment based
on an individual’s medical, dietary and psychosocial history, in addition to a physical examination. In some cases, dietitians may recommend dietary modifications for specific patients. For example, they may design a special diet for overweight patients or teach patients with high blood pressure how to prepare low-sodium meals. Some dietitians even specialise in managing overweight patients or in caring for renal (kidney), diabetic, or critically ill patients.

Dietitians often confer with doctors and other healthcare professionals to co-ordinate the medical and nutritional needs of patients. There are times when they may be called upon to provide dietary counselling for patients who require intravenous feeding, such as those who have suffered a stroke or those who are recovering in the intensive care unit.

A keen interest in nutrition and food are definite advantages for anyone aspiring to become a dietitian. It is also essential to be able to work in a team and communicate well. This profession is well-suited for the person who wants to help others live healthy lives through proper nutrition and good eating habits.

**Entry Qualifications**

- Degree in Dietetics
- Postgraduate Diploma in Dietetics

A 6-month clinical internship training period is also required.
I did not exactly know what I wanted to pursue after my “A” level exams, but I did know that I liked the healthcare sector. Coming across the Ministry of Health Allied Health Scholarship by chance, I read about the profession of a dietitian. It was an emerging field at that time and not many people knew what dietitians did. So, I tried my luck and applied for the scholarship. My good fortune was that I managed to get the scholarship. Off I went to the United Kingdom (UK) for a four-year degree course that included a one-year internship at one of the hospitals in Central London.

Being able to work within the hospital setting is what I had hoped for. Initially, however, I struggled a little. A dietitian’s job is people-centric — you have to go out and speak to people and relate to them. Eating is something very personal, and making people reveal their personal habits is not easy. Over time, I learnt how to communicate and build a rapport with patients, and I began to enjoy the interaction.

I returned to Singapore and worked at KK Women’s and Children’s Hospital (KKH) for three years. In 2003, I embarked on my doctorate studies at the University of Surrey, while continuing
to work part-time at KKH. I was very lucky to be able to collaborate with the Singhealth Polyclinics, where I carried out my research to study infant feeding practices in Singapore.

In 2007, KKH granted me two years of unpaid leave to accompany my husband to the UK, where he had a work commitment. It was a timely move, as I was able to complete my doctorate studies and sit for my viva examination. After completing my doctorate studies, I was offered the post of paediatric dietitian at the John Radcliffe Children’s Hospital in Oxford.

Having worked as a dietitian in two different countries, I have noticed certain differences in the way our roles are perceived. In the UK, dietitians sit in clinics with doctors during consultation sessions, and attend ward rounds with doctors to give our dietary recommendations where needed. In Singapore, the dietitian does not get exposed to as many multi-disciplinary sessions with doctors, although it is heartening to know that this is now increasing.

Dietetic management can significantly improve patient outcomes in some cases, and I remember one good example involving a patient from overseas. The doctors on the case were trying to find a way to help the patient respond better to the treatment they were administering. I had seen similar cases during my stint in the UK, and I suggested trying a course of elemental diet using a special formula.

When the formula was administered, the patient responded well and showed signs of improvement. Although the formula cost more than four times the price of regular formula, it was necessary to help improve the patient’s condition and it enabled him to regain his health.

Such cases help to increase awareness of the difference that dietary management can make. Although it will take time for dietitians to be recognised for our work, we must keep going to ensure optimal outcomes for patients.

As a paediatric dietitian, I have learnt a lot of what I do on the job, as my university education and internship did not include a paediatric component. It is not easy working with children; and it is tougher when their families are resistant to the recommended dietary changes. Besides strong people skills and the ability to communicate effectively, dietitians must also have patience and empathy for patients and their families, as it will likely take time for them to accept our recommendations and start making the changes we suggest.
Sometimes, it takes a great deal of time and effort to make patients’ families see the importance of making the change so that their children can progress and grow up healthy. This is essential, especially in cases involving children with diabetes, since children’s eating habits are very much influenced by their parents and their family exposure. I always tell my patients that nothing can be achieved overnight. To see results, they need to make a lifestyle change.

The jobs available to dietitians are multi-faceted. Working in a hospital does present many research opportunities, but the issue is finding the time to do the research. The field of dietetics offers a range of opportunities — there are positions in the private sector such as with companies producing milk powders and food products, as well as food catering. There are also positions with the Health Promotion Board, where the dietitian might be involved in campaigns promoting a healthy lifestyle, or policy-making. I enjoy working in the hospital setting because I find it a challenge to work with doctors and a multi-disciplinary team to treat patients who can walk in with a range of different diseases.

This profession demands much, but it can also be very rewarding, particularly when you see your patients doing well. Like most other working people, dietitians have to work hard at achieving work-life balance. While I would wish for more time to focus on research, there is a fine line between direct patient benefit and clinical excellence. In the end, it is all a matter of finding an equilibrium.
Occupation
Thera
There are patients who need help to get back to a normal routine in life. This is when an occupational therapist may step in. Occupational therapists focus on helping their patients achieve independent function in all aspects of daily life. They use goal-specific activities that enable people to overcome their disabilities. The therapists’ ultimate aim is to ensure that their patients are able to perform the tasks and roles required for daily living, self-care, work and leisure.

Occupational therapists not only treat their patients’ physical conditions but may also assess and address mental health issues. Their patients can be of any age — adults, the elderly, adolescents and even young children. Yes, even children may need help in learning self-care, school and play activities. The treatment programmes prescribed by occupational therapists
are customised for each patient, intended to bring out the most in each person. Often, these healthcare professionals need to evaluate patients’ home and/or work environments before recommending a course of action and providing guidance to the patients, caregivers or their family members. After a period of time, they will re-evaluate the patients’ progress and make further recommendations.

Other than a sound knowledge base of the techniques that will help their patients, occupational therapists require much patience, a touch of ingenuity, lots of determination, a dose of common sense and plenty of enthusiasm. Most of all, this profession is for the person who has a keen interest in working closely with people and a strong desire to enable them to lead full and satisfying lives as independently as possible.
I started out wanting to be a veterinarian. But over time, I found myself becoming more interested in working in a hospital (with humans, yes). After my “A” levels, I had to decide on a university course to pursue. My inclination towards working in hospitals had grown even more. I did some research into various types of jobs in the healthcare sector, before finally deciding that being a therapist appealed to me. I went to the Nanyang Polytechnic open house and was extremely enamoured by the job scope for occupational therapists.

My junior college principal came to know of this and tried very hard to dissuade me. “After all,” she said, “why should you do a gostan (Malay slang for U-turn) and go to a polytechnic after completing your “A” levels?” My repeated explanations that the occupational therapy course required students to have “A” level qualifications (and was hence not a U-turn) fell on deaf ears. To her, going to a polytechnic after completing your junior college studies was a step backwards, and that was that.

The next hurdle to overcome was my parents. While there was no open objection, their persistent question, “Are you sure this is what you want?”, made it clear that they would have greatly preferred if I were to take the conventional route and go to university.
I did apply for a place in university in the end (mostly to placate my mother), in addition to a place in the occupational therapy course at the polytechnic. I was accepted into both. It was not a difficult choice to make because I already knew what I wanted. At the same time, I was also applying for sponsorship from the hospitals. Happily, one application was successful, and I knew that it made my parents happier too.

Occupational therapy school was three years spent at Nanyang Polytechnic in Singapore and one year at La Trobe University in Melbourne, Australia. The education gave me more than a degree. It gave me a whole lot more in terms of personal development and growth. I learned how human beings chose to spend their time engaging in particular occupations and activities that held personal meaning and value for them as individuals. I studied how occupations and activities can then be used in therapeutic ways across a whole spectrum of people. In so doing, there was much scope for reflection and many opportunities to gain maturing through the young adult years of my life. For this, I am eternally thankful to my occupational therapy education.

My career has allowed me, through the years, to work with people from all walks of life and all age groups, from babies barely a year old to centenarians. I have worked mainly with patients with burn injuries, geriatrics patients, patients with mental health issues and patients with eating disorders.

In my fourth year of work, I covered the oncology ward occasionally. One of the patients I cared for during that time will remain in my memory. When Mike (not his real name) was first referred to me, he was at the fourth stage of a stomach cancer that had been diagnosed only recently. He had not sat up or been out of the bed for a month and was in palliative care. The first time I approached him, he was weak and spoke only softly. Nevertheless, he was still alert and could carry on a conversation well, except that even a short exchange of sentences tired him out.

Both Mike and his wife were hopeful that the physiotherapist and I could get him up and about again. While this was a typical goal for most patients, it was unfortunately not what we assessed to be realistic for him. This was evident as the days passed and we saw how fatigued Mike would get with just 20 minutes of sitting in the wheelchair or moving his limbs.

One of the difficulties that therapists face frequently in their work with patients is to align the patient’s or family’s expectations with reality. This was the case.
with Mike’s wife, in particular. She came every day, asking when Mike would
walk again, and would make plans for the house to prepare for “when Mike starts
walking again”.

It was not an easy task at all for both the physiotherapist and me to get Mike’s
wife to accept what his poor rehabilitation potential meant. Even worse, it was
not an easy process to get Mike himself to accept it.

However, there seemed to be a turning point one day during an occupational
therapy session. It started typically. I would, with the help of an assistant,
transfer Mike onto a wheelchair and push him to the day room to spend half-
an-hour watching television. An activity like that tired him out immensely, but
it was good practice for maintaining activity tolerance in a seated position. It
also provided Mike with an opportunity to feel less isolated as he caught up
with world news and current affairs on the television.

After the session, as I was wheeling Mike back to his room, he gestured to
get my attention. He whispered to me, asking if I could turn left, into the room
opposite his, so he could say hello to a fellow patient whom he had gotten
to know as they battled cancer together. It was not an issue, of course, so I
turned into the room as he had asked.

As we approached his friend’s bedside, Mike called out softly to awaken the
frail man lying asleep on the bed. Despite repeated calls, he did not stir. Mike’s
voice was not strong (even speaking at a normal volume tired him out), so I
stepped closer to the sleeping patient and called out to him a few more times.
As I approached, I noticed the laboured breathing and the pale colour of his
face. I knew then that this patient was not doing well. He was, quite clearly,
even closer to death than Mike was.

Mike realised this too. I do not think I will ever forget the look on his face as he
came to comprehend his friend’s condition. Silently, he looked with sadness
at the inactive form of his friend lying beneath the hospital blanket.

After four years as an occupational therapist, I had witnessed many touching
moments and many sad ones too, but I had never once cried in front of my
patients. This time, I had to struggle to hold back tears. To watch Mike right
then was to watch him reach that moment when his finally accepted his
mortality. His friend’s impending death mirrored something that he had, up to
this point, tried very hard to ignore.
Mike passed away about a fortnight after that.

My work with palliative patients such as Mike might be different from the usual pre-conceptions of what rehabilitation and therapy are supposed to be. For this patient group, end-of-life issues are of utmost importance. In Mike’s case, this included supporting him on his journey as he grew to accept his situation and prognosis. Often, patients are better able to plan for their passing when denial is no longer present as an obstacle.

This certainly does not mean focusing on the end alone because every day that Mike was able to manage it, the physiotherapist would move his limbs for him, while I would get him into the wheelchair and out of his room. I think back fondly on all the precious half-hours he spent in the day room, doing things he never got to do in the months he was bedbound, in the same one corner of the ward. Things like getting his hair trimmed by the volunteer hairstylist one Thursday. Like getting to watch Channel News Asia and discussing his views on the Iraq war with me. Like telling me about his years living and working overseas, and what his family meant to him.

Mike was a patient who taught me much, though he may never have known that. Through the weeks I got to know him as his therapist, I was reminded again of how the little things in life could be a therapeutic activity for patients. Working with patients in palliative care is fulfilling in that way, knowing that you have walked with them through the last journey in their life here on earth.