

# LEADING HEALTHCARE

The newsletter of the Healthcare Leadership College

## Dean's Message

### Doing Things Right: Execute Boldly

Apart from moral courage, the second fundamental quality that our healthcare leaders should have is the ability to execute.

There are two extremes to philosophies of command and execution, and you will recognise them immediately in your own organisation. There is the micromanaging leader and the laissez-faire one. And for both, the right degree of control leading to success of the mission, is lost. For the laissez-faire leader, this is obvious, but the micromanager, too loses control while retaining the illusion of having it. He or she disengages their staff, loses their efficiency and confuses compliance with alignment.

This conundrum has been addressed by both military and business writers. Clausewitz, in his magnum opus, *On War* describes the fog of war, the uncertainty that underlies any operational situation and also friction, the difference between the desired performance and the actual performance.

Mission tactics, mission command and the *Art of Action* by Stephen Bungay are frameworks that are designed to reduce friction and fog, to bridge the gap between what leaders want and what is eventually achieved: the outcomes.

Key to this is the understanding of the difference between strategy and operations. Strategy is about determining a direction and choosing the right battles to fight, operations is about winning those battles. Doing the right things and doing things right.

For healthcare, beyond a certain level, a mission tactics approach is better suited to independent and skilled professionals. A general direction should be set and operational units should be allowed to execute.

Mission tactics work best with well-trained ground commanders and of course, confident leaders.

Bold decisions are key.

General Slim said:  
"When you cannot make up your mind which of two evenly balanced courses of action to take—choose the bolder."

**Associate Professor Aymeric Lim**  
Dean, Healthcare Leadership College  
Vice-Dean, Dean's Office, Yong Loo Lin School of Medicine

In this issue, we hear from some of our HLC alumni about their work and the positive changes that they are helping to bring about for Singapore's health system.

The College is proud to have played a small part in their leadership journey, and would like to cheer on all our alumni for their commitment and passion.

## Highlights



*Voices from our Alumni:  
Interview with Ms Lin  
Jingyi, Senior MSW, TTSH  
and recipient of Promising  
Social Worker Award  
(2016).*

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### *Feature:*

*National Healthcare Group's Diabetes  
Prevention Programme.*

*In the spirit of Going Beyond Healthcare to  
Health, hear about how some of our  
colleagues are working side-by-side with  
community partners to encourage residents  
to take charge of their health.*

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# Voices from Our Alumni

## Ms Lin Jingyi – Senior Medical Social Worker, TTSH

*Voices* features HLC alumni who are making a difference in the Public Healthcare family. In this issue of *Leading Healthcare*, we meet up with the recipient of the 2016 Promising Social Worker Award, Ms Lin Jingyi, who is an alumnus of the Nursing, Allied Health and Administration Leadership Programme (NALP).

### About Jingyi

Ms Lin Jingyi is a senior medical social worker who has been based in Communicable Disease Centre (CDC), Tan Tock Seng Hospital for the past 5 years. Jingyi works with patients with infectious diseases, including HIV. Part of her work includes rendering psychosocial support to patients and their families or significant ones. This can entail emotional counselling, financial assistance, making care plans for patients and any interventions that can help enhance their socio-emotional well-being and improve access to treatment. She also runs support groups for patients and give educational talks to community partners or stakeholders to promote HIV awareness. In recognition for her exceptional work with HIV patients, Jingyi received the Promising Social Worker Award (PSWA) from President Tony Tan at the annual Outstanding Social Worker Award (OSWA) Presentation Ceremony and Tea Reception at the Istana on 8<sup>th</sup> November 2016. The PSWA recognizes up-and-coming social workers who have made a difference in the lives of clients, their families and the community. A little known fact about Jingyi: she is also an avid artist who draws in her spare time and on her travels. Some of her artworks are showcased in this article.



Senior MSW Lin Jingyi (Photo: HLC)

### What inspired you to choose Medical Social Work as a profession?



I chose social work as a profession because I wanted to do something that enables me to help others. When I was studying social work, I did my first clinical attachment in National Cancer Centre and was very inspired by the passion and good work of the psychosocial oncology team led by Dr Gilbert Fan.

My subsequent attachment was with Dr Ivan Woo at Tan Tock Seng Hospital. They were great mentors who were very patient-centric in their care and were deeply committed to enhancing the biopsychosocial-spiritual well-being of their patients. This paved the way for me to go back to the hospital sector after my 2.5 years as a community social worker.



Artwork by Lin Jingyi (2017)

### What were some challenges you have encountered in your journey as a MSW?



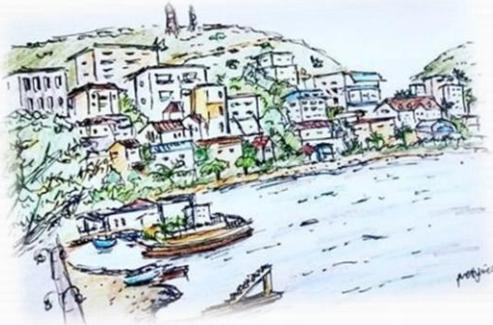
Medical social work can be a mentally and emotionally demanding job because it often requires us to deal with strong emotions of grief and loss associated with diagnosis, and the grief can often manifest not just in sadness but also anger, frustrations, anxiety and helplessness. In addition, the silver tsunami has brought an influx of patients to the acute hospital setting. One of the challenges is how the MSW, while working with individual patients and families, can also collaborate with community partners upstream for preventive work, and stakeholders downstream to ensure a smooth transition of patients back from hospital to the community. In addition, we are also witnessing an increase in socially complex cases where the desired outcomes of patients, family members or the care team may not always converge. In order to tackle these challenges, the MSW needs to have ways of self-care to prevent burn out, take a systemic approach to engaging problems, and also be well-grounded in social work ethics and values to manoeuvre through the ethical dilemmas.

# Voices from Our Alumni

## How do you sustain your passion in this field?



My patients and their families have been an important source of my strength. They have taught me many life lessons. Seeing their tenacity through adversity often gives me the courage and spurs me on to continue in this profession. Having a great team of colleagues and mentors definitely helps me to survive the daily grind, while a senior management with a strong social mission and conviction for patient-centred care often helps me to put things into perspective. My faith has also sustained me during difficult times and instilled in me the compassion for the less privileged and the afflicted.



Artwork by Lin Jingyi (2017)

## How did you feel about receiving the PSWA 2016?



Very honoured and privileged. For any flower to bloom, it requires a successful and supportive ecosystem that grooms it and sustains it. I feel that it is not a personal success but the success of all the people around me who have worked towards our common cause. I was also very grateful for the opportunity to use the award as a platform to create more awareness about HIV and garner support for my patients living with HIV.

## You are an alumna of the NALP, how has the programme benefitted you?



NALP was a very enriching experience that has opened my eyes to the 'bigger picture' by allowing me to see the healthcare landscape through a macro lens, from primary care to tertiary care. Through the sharing of many policy makers, I was better able to appreciate the challenge of balancing limited resources to meet the changing healthcare needs of the population. The interaction with other colleagues from other professions also helped me to hear the perspectives and the issues unique to their jobs. I felt that this insight was important because it helps me to be a better team player in a multi-disciplinary setting as I learn to empathise with the challenges that others face.

## Any advice for new Medical Social Workers (MSWs)?



Often in the face of the daily work stress and heavy caseload, it is easy to get burnt out or disillusioned. Never underestimate the need to self-care, to take time to recharge when you need. Also, remember that you work in a team. Tap on your seniors or supervisors, discuss the case with the multi-disciplinary team, rope in community partners or agencies. Social issues can be the toughest to resolve, but you don't have to do it alone. Finally, always believe in the difference that you can make to patients and their families.



Lin Jingyi's Promising Social Worker Awards (2016)  
(Photo: HLC)



Lin Jingyi with fellow award recipients, Mr Tan Chuan Jin, Minister for MSF and President Tony Tan at the Outstanding Social Worker Awards (2016) Presentation Ceremony.  
(Photo: Singapore Association of Social Workers)

# Feature:

## The National Healthcare Group's Diabetes Prevention Programme

Most of us in the public healthcare family would be familiar with the push to transform our Singapore healthcare system and the "Three Beyonds": Beyond Hospital to Community; Beyond Quality to Value; and Beyond Healthcare to Health.

In this issue, we talk to our National Healthcare Group (NHG) colleagues who are working on the Diabetes Prevention Programme in Toa Payoh West, to find out what they do to help encourage Toa Payoh residents to take charge of their health and for those who have diabetes, to manage their condition well. Rolling up their sleeves and working side by side with the community partners has been an eye-opening experience! Sharing their stories and reflections here are: Ms Ng Ngan Yin, Director (Group Corporate Development and Operations), NHG, and Dr David Ng, Head, NHG-Toa Payoh Polyclinic. David is an alumnus of the HLC's Singapore Chief Residency Programme (SCRP) (2014/15) as well as the Healthcare Policy and Governance Programme (HPG) (April 2017).

### Can you describe your role in the Diabetes Prevention Programme?

David

Our role was to identify suitable patients who might benefit from the Diabetes Prevention Programme (DPP) by attending the workshops and relevant activities that we had planned for them and which would motivate them to better health.

Ngan Yin

My role at the NHG RHS office was to help develop the programme, factoring in the key inputs from our various internal and external stakeholders. The more adrenalin-charged part was making it happen when we received the go-ahead. Our key programme focus has been to bring lifestyle intervention programmes to the community so that they are accessible to our patients who are at risk of diabetes or who are already diagnosed with the condition. The intervention programmes include providing them with a step tracker from our HPB partner, organising weight management and diabetes prevention workshops at the RCs as well as coaching and providing them support through our community health posts, which are located at the RCs. We also link up the residents to other activities held in their vicinity, and encourage them to join interest groups at the CCs, and to take part in ActiveSg programmes. Through all these efforts, we hope to create a supportive environment for the residents and to reduce their health risk factors.

### Did anything take you by surprise?

David

We had elderly patients who were keen to sign up for the programme, and that was very heartening. To me, it meant that older people with diabetes in our population were keen to understand, and to develop the skills they needed to manage their diabetes.

Ngan Yin

***Making the programme work in the community is very different from developing it from within the "walls" of our institutions. We can only make the best plan and schedule work if we have the support of our various community partners and agencies. This collaboration was only possible because of every stakeholder's commitment and efforts to build up the relationship by understanding each other's constraints, striving to find common goals and ironing out differences in order to meet various expectations, all for the health and welfare of the residents and patients whom we care for.***

I am very grateful for my colleague David, who was very prompt in clearing the contents and documents of the programme I sent him in spite of being overseas. We also learnt to make do with whatever resources that were available in the community. On occasions, we had to operate our Community Health Post at the void deck instead of at the RC if the RC volunteer was held up by other matters. For some of us, we also found it a very humbling experience to work in the community. We had to rolled up our sleeves to sweep and mop the floor of the RC room we used so that the next occupiers had a clean room for their activities. And sometimes, we even had to tidy up the toilets before and after our workshops in the RCs!

**Is there an interesting story about an interaction with a member of the public / stakeholder that you can share?**

*David*

It was the first time that I got to work with our counterparts in the Health Promotion Board, **and it was an enriching experience working together, understanding their viewpoints and constraints in rolling out programmes at a national level.**

*Ngan Yin*

Toa Payoh is a haven for good hawker fare. I remembered a day when after attending our workshop on healthy eating, a few of the male participants decided to try the famous fried orh luak in the nearby hawker centre. Can you imagine the shocked look of one of our allied health staff, a dietician, when she heard it? But to her great relief, the participants assured her that they would share a small plate of the local delight and to exercise together thereafter. She found it most encouraging that the workshop participants were putting into practice the tips learnt on healthy eating and living.

**What did you personally find most fulfilling / exciting? Most challenging?**

*David*

I thought something that was both exciting and challenging was the pace at which this DPP was rolled out. My role was really miniscule compared to the hard work that Ngan Yin and the team from NHG HQ had put in. Kudos to them for rolling this out in such a short time frame.

*Ngan Yin*

One of the challenges for me was the need to coordinate the work among multiple parties, and more so because the roles and responsibilities of each stakeholder were not always clear. Another new experience was having to operate in an environment where our patients live and play. Learning to engage them through our workshops, having to recognise the struggles they go through, and finding realistic and sustainable ways for them to maintain a healthy lifestyle were challenging too. This went beyond my knowledge and skills to plan and implement a programme. It also entailed learning about the residents' daily living habits and inspiring them to take personal ownership of their health and to persevere in staying healthy and keeping well. But when they succeeded, we share their sense of achievement too!

**What are you most proud of about the programme / your role in the programme?**

*David*

I am most proud of the fact that the members of the NHG family worked together with multiple agencies to play their part in the War Against Diabetes by piloting a diabetes prevention programme in the community.

*Ngan Yin*

**I am very glad that we were given the opportunity to pilot such a programme, and along the way to learn ways to motivate people who are less enthused about taking action for their health.**

I am most proud of the team working on the ground, because despite the challenges, they always strive to do their best. One good thing that came out of the Community Health Post was that it attracted many elderly residents. Now we are working with HPB to put in place some wellness programmes for them.



National Healthcare Group's Diabetes Prevention Programme in the community.  
(Photo: National Healthcare Group)

## Upcoming Programmes

Nursing, Allied Health and Administration  
Leadership Programme (NALP)  
15<sup>th</sup> – 18<sup>th</sup> May 2017

Healthcare Policy Series (HPS)  
– Primary Care Transformation  
16<sup>th</sup> May 2017

Healthcare Family Strategic Leadership Programme  
(SLP)  
14<sup>th</sup> – 21<sup>st</sup> July 2017

Introduction to Systems Thinking (ST)  
10<sup>th</sup> – 11<sup>th</sup> July 2017

**Kindly contact your HR Department if you are interested to join any of the above programmes as participation is strictly by nomination only.**

### Leading Healthcare Team

#### Advisors

Associate Professor Aymeric Lim  
Dean, HLC

Ms Lee Shiao Wei  
Director, HLC

#### Contributors

Mr Trevor Chua  
Assistant Director, HLC

Ms Ng Ngan Yin  
Director, Group Corporate Development,  
Innovation Management  
NHG

Dr David Ng  
Head, Toa Payoh Polyclinic  
NHGP

#### Illustrator

Mr Trevor Chua  
Assistant Director, HLC

For enquiries, email us at:  
hlc@mohh.com.sg

### About the Healthcare Leadership College

The Healthcare Leadership College, a division of MOH Holdings, supports the building of strong leadership capacity and capabilities for our national public healthcare system, in line with the Ministry of Health's vision and strategic priorities.

We develop and deliver high quality programmes and other learning platforms for public healthcare leaders, covering topics such as leadership and organisational development, public service ethos and values, and key healthcare policies and issues.

Leading Healthcare is a quarterly newsletter of the Healthcare Leadership College. *Issue 4* will be published in July 2017.