

LEADING HEALTHCARE

The newsletter of the Healthcare Leadership College



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and not the Part**

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About the Healthcare Leadership College

I was recently caught in a bad gridlock in a carpark. This got me thinking about instances when what we do for our individual benefit (in this case to get out of the carpark or to find a parking lot as quickly as possible), could affect the larger system negatively or even bring it to a paralyzing stop.

The Dean of the College, Prof Aymeric Lim, also reflects on the higher healthcare mission of looking at the whole, and not just the part. In other words, treat the patient, not the disease.

Finally, in our special research article featuring excerpts of an interview with the late Dr Kwa Soon Bee, former Permanent Secretary for Health and concurrently Director of Medical Services from 1984 to 1996, Dr Kwa highlighted that a healthcare leader must be someone who is willing to see all sides of a problem, and be willing to look at the higher objectives.

As we head towards the end of another year, we hope these stories will provide you with some important points to reflect on, so that we can all better our practice of leadership, and work together collectively to shape a better future for Singapore health.

DEAN'S MESSAGE

LOOKING AT THE WHOLE, AND NOT THE PART



Professor Aymeric Lim

Dean, Healthcare Leadership College

Physician-in-Chief, The National
University Health System

Group Chief Human Resource
Officer, The National University Health System

Sir William Osler (1849 – 1919), frequently described as the Father of Modern Medicine and the first to bring medical students out of the lecture hall for bedside clinical training, once said, “The good physician treats the disease; the great physician treats the patient who has the disease.”

There is also a Chinese saying that shares the same spirit, which KKH CEO Alex Sia shared with me. 上医医国，中医医人，下医医病。

“The supreme healer heals the country and the people, the good doctor treats the patient, and the common doctor treats the disease.”

Caring for patients in this way is beyond the training and resources of the individual institutions. It requires not just for primary, secondary and tertiary care to work together, but also for the combined participation of societal and community forces. This means going Beyond Hospital to Community - not just delivering medical care within medical facilities, but going into the community to care for people and their families.

The last beyond is Beyond Quality to Value. The concept of value also reflects an approach which considers the whole. Resources are finite and when they are assigned to one part, they will not be available for other parts. It is thus our duty to ensure that the resources that we are given are maximised. That is value.

The human body is a complex system. It is governed by the brain or the mind. It relies on the heart and lungs for life. And it is composed of many different parts which work together for the good of the whole.

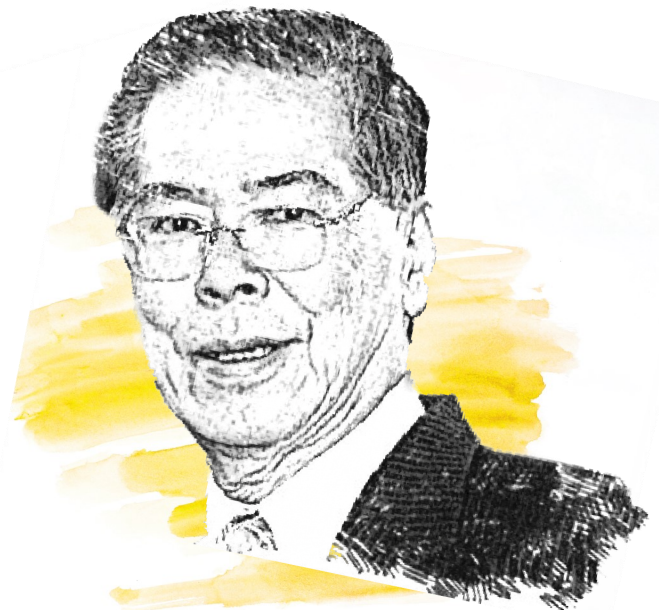
Just like the human body, organisations are complex systems comprised of many different parts, which can work together well, or not.

Just as the body has a soul, organizations have culture. And just like a human being, an organisation can focus inwardly to serve itself or outwardly to serve the larger mission.

As you lead, will you look at the part, or the whole?

TRIBUTE TO SINGAPORE HEALTHCARE LEADER

Dr Kwa Soon Bee was born in 1930 in Singapore, as the 9th of 10 children in his family. He started work as a medical officer in 1956 and was Permanent Secretary Health) and Director of Medical Services (DMS) when he retired in 1996. Throughout his illustrious and distinguished career, Dr Kwa dedicated himself to the highest goals of Singapore healthcare, building a strong foundation for future generations of healthcare leaders. Dr Kwa passed away in Oct 2016, but his spirit and legacy will always live on in Singapore's healthcare system. The HLC editorial team puts together some of Dr Kwa's candid anecdotes and ever-green insights of wisdom, based on his interviews in May 1995 with the National Archives of Singapore (NAS).



DR KWA SOON BEE

LETTER TO OUR YOUNG LEADERS

1

ON ADMINISTRATION VERSUS CLINICAL PRACTICE

“I still think that earlier in my career where you were idealistic, Clinical Medicine was still the best. I am one of those who don't like the morbid parts of Medicine. I prefer those that are dealing with life like maternity and obstetrics. But I did not mind when I got more and more involved in administration. In fact, I enjoyed it.”

“It is substituted in the sense that **as an administrator, you are able to achieve so many more things at a national level**, you are able to plan blood donation campaigns, plan strategic campaigns for improvements of blood supply, plan health policies, developments of hospitals. So it gives satisfaction in its own way, in that you are achieving something at a higher level.”

“One thing that I learnt in the Blood Transfusion Service (BTS) – and that influenced me up to today – is that I never looked upon patients as doing them a favour when they were coming for a service. I started work in BTS where I was dependent on the public to come to me to give blood to keep my Blood Bank going. So my attitude was always: the customer is right, the donor is right, the donor is doing me a favour. So I think that colored my attitude towards dealing with the public. **So I always dealt with the public in a very sympathetic way.** I would fight for them, I would give them privileges. That was learned through BTS.”

“As you go up the ladder, you begin to be aware that what you take as a day-to-day decision has an impact on whatever sphere you're looking into. You can decide: “Oh, for this license, let's make this as a pre-condition.” It's just one sentence. But when you implement it, the impact on the very many drug and pharmaceutical importers might be just something that is never imagined. So you became **more conscious about the implications of a particular decision.** And I think that must be so. When you are more junior, lower down the line, you don't know. As you go up, you do.”

2

ON LEADERSHIP

“I looked upon my staff also as people without whom I couldn't work. So I developed a very close working relationship with the next level of staff. Maybe the chief technician or senior technician, the nursing officer. The doctor might come and go, spend five minutes, 10 minutes with a patient. But the sister, the nurses spend more time with patients. So I've always credited the nurses with due respect for their work.

“I think I spend a lot of time dealing with interpersonal problems and inter-departmental problems. But I take it as a necessity. I think no administrator can ever get by without spending a significant part of his time just dealing with people or departmental problems. I estimate that I spend about a third to half of my time on that. And that's wasteful but necessary.”

“I think he (a healthcare leader) must be one who can lead by example. I think he must be somebody who can build a team and manage a team. He must be **one who is willing to see all sides of the problem**, one who is accepted by both the clinician and the administrator and the politician, and **one who can always build a team such that there is assured succession.** I evaluate a Head of Department not only in terms of his clinical skill, operative skill and ability, but also, how good a department is built, how many people he has been able to train, how many people he has been able to retain and how cohesive is the department. Not just by how many patients he has.”

“How we run our health care, how we structure our primary health, how we structure our hospitals, how we structure our School Health Service, how we run our Accident and Emergency, **every little thing really has an impact on the whole nation.** In that respect, you are sometimes forced upon with a feeling of humility. You have to remind yourself that whatever you're deciding on will **impact on people and their lives.** We are not so quick now to come to decisions which appear so obvious. We begin to think more about implications.”

LETTER TO OUR YOUNG LEADERS

3

ON THE SINGAPORE HEALTHCARE SYSTEM

“If you do Cardiology, you do Cardiology full-time. You don’t do general medicine which is not good because you then are cutting up the person into organs. If you got a heart problem, you see the heart specialist. But the heart man may miss the fact that you’ve got stomach or liver problem, that sort of thing. So there are pros and cons. But to excel, really going to the cutting edge, you really have to sub-specialize. ***But the sub-specialization is expensive and not always in the interest of the patient.***”

“When I run hospitals, when I am Chairman of so many hospitals, I got to balance their interests. I got to persuade them that ***I am thinking of the group as a whole.***”

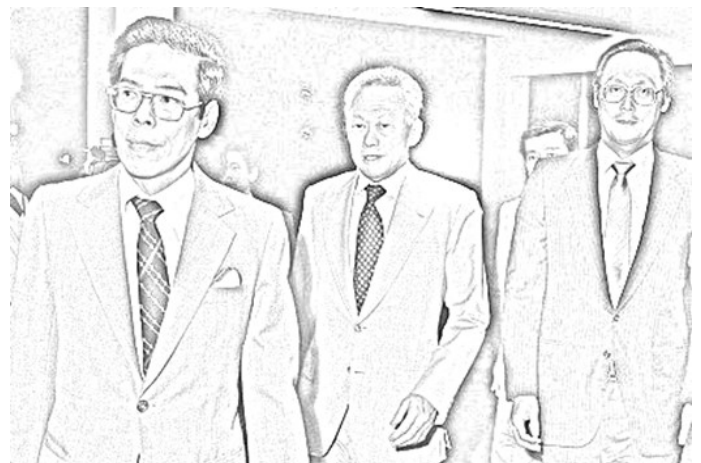
“The leadership starts from within the Ministry. Whoever sits as PS and DMS, and whoever sits on the Board of Governors and Chairman of the Board, it’s for them to constantly remind the CEOs and the Medical Directors or Chairmen of the Medical Boards of those responsibilities. It would just have to be an on-going process of reminding them what their social obligations are. By being more commercial oriented, more productive, more efficient, more bottomline conscious, ***we have not lost sight of our social obligations on how we do things.***”

“***So I believe that in the end, medicine in Singapore can only be as good as the people who are willing to look at the higher objectives.*** Singapore doctors somehow suffer from the ability to see things from the higher vantage point. Whereas if they can only submerge all that work for the betterment of the institution first and then all the institutions work better for the government or for their country, I think we will have gone further.”

4

THESE WERE THE MOST SATISFYING THINGS

“Well, to be able to change the whole picture of health care in Singapore over the last 10 years, I think, is the most gratifying. To be part of the system to bring about changes in health financing, health reform, introduction of MediSave, MediShield, MediFund, the restructuring of hospitals in particular— I think those were the most satisfying things. Finally, to be able to rebuild hospitals so that by the end of this decade, we’ll have a whole string of new hospitals that will bring us into the next century. These were the most satisfying things.”



Dr Kwa with then Prime Minister Lee Kuan Yew and Health Minister Goh Chok Tong at the opening of the redeveloped SGH in 1981. Dr Kwa became its medical superintendent in 1972 and led the efforts to rebuild it.

(Photo and caption credits: The Straits Times)

HLC would like to thank the Oral History Centre, National Archives of Singapore, for generously granting the sharing of excerpts of Dr Kwa’s interview transcript. The flow of the excerpts have been re-organized for publication purposes. Extract from Lee Liang Chian, *Oral history interview with Dr Kwa Soon Bee 24 May 1995*, Accession No. 001641/11. Audio recording and transcripts can be accessed on the Archives Online portal of the National Archives of Singapore or simply scan this QR code:

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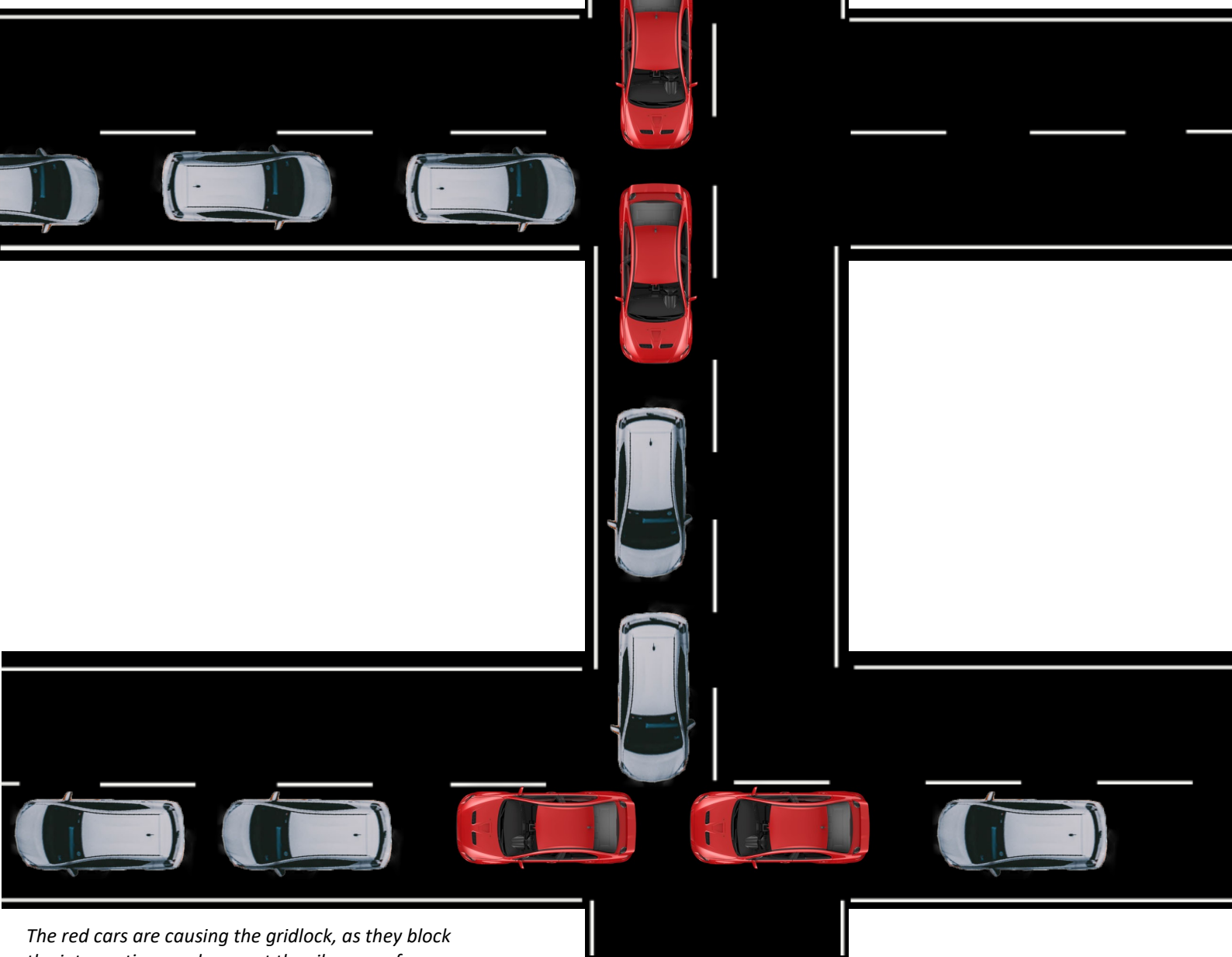
WHAT GRIDLOCK IN A BEDOK CARPARK TAUGHT ME ABOUT SYSTEM LEADERSHIP

I was driving out of a multi-storey carpark in Bedok one day, when the slow crawl of the car immediately ahead of me came to a dead stop. 5 minutes, then 10, passed without any movement. This was not just the car in front of me and my car; the entire carpark was immobile. It was a classic case of gridlock.

On many floors of the carpark, the ramp going down to a lower floor had been blocked by a car that was headed to a higher floor. However, these cars that wanted to head up could not move, as they were blocked by cars that wanted to exit. And the exiting cars? Blocked by cars heading up. In short, no one could move as they were all blocking each other.

My husband got out of the car, and spent 5 minutes explaining the situation to a driver who was next to the downward ramp, and persuading her to head down instead of up. He then went down to the next level of the car park, and repeated the same spiel to another car who was next to the downward ramp. Eventually, these two cars moved down, even though their drivers were clearly upset about losing their position in the carpark queue. However, because the two cars moved, they freed up some space for a few other cars to also move, therefore breaking the gridlock. A slow but steady flow in the carpark then resumed, after 30 minutes of paralysis.





The red cars are causing the gridlock, as they block the intersections and prevent the silver cars from moving through.)

Why does gridlock happen? Other than technical reasons (carpark design, higher volumes than what the carpark capacity can handle), a critical contributing factor is human behavior.

We tend to focus on the immediate problem ahead of us, and to maximise our own benefit i.e. either find a carpark lot or exit the carpark in the shortest time possible. But when we do so, we may not see the larger picture: that these individual acts of maximising our own benefit cumulatively add up to a large problem that makes everyone worse off.

According to Game Theory, the ***best solution to preventing gridlock***, and to ensure that everyone is better off in the long run, ***is to mutually cooperate and "play nice", that is, not be purely motivated by self-interest.*** In the short term, not everyone will benefit immediately, and some may even be worse off (like those two drivers who had to move down instead of up).

However, mutual cooperation and "playing nice" ensures that in the long run, the entire system as a whole, is better off, including those who had to suffer some losses initially.

What are the parallel lessons for our work, from this story of gridlock in a Bedok carpark? Have there been instances where we did the best for our own unit / department / institution / cluster, which ended up affecting the larger system or longer-term outcomes negatively? Would we be willing to mutually cooperate and play nice, for the sake of the larger system? If one day, you find yourself in the position to do something for the larger system, but which might result in you being disadvantaged, how then will you choose to act?

I hope that if and when it comes to our time, we will each have the wisdom and the courage to recognize what is the right thing to do, and to then do the right thing.

WALKING THE GROUND WITH THE SILVER GENERATION AMBASSADORS

SHARING BY PERMANENT SECRETARY, HEALTH

DEAR COLLEAGUES,

Many of you would have heard of the Pioneer Generation Office. After being merged into AIC last year, the Office was renamed the Silver Generation Office (SGO). SGO works through Silver Generation Ambassadors (SGAs), who are volunteers conducting face-to-face house visits to seniors.

Last Saturday, I spent an afternoon at Sengkang experiencing how our SGAs go about their work. Given my lack of experience and training, SGO colleagues wisely limited my role to that of a “recorder-SGA” who notes down key information, feedback and follow-ups from each house visit. I was fortunate to be paired up with May, an experienced SGO manager.

The experience reinforced my belief on the importance of SGAs and their work. We can have press releases, newspaper articles and publicity campaigns, but nothing beats face-to-face contact and communications. I saw how effective May was in establishing rapport with the seniors, gathering their needs and views, explaining policies and schemes, and connecting them to active ageing, social and care support programmes.

I realised how hard the work is. Of the seniors we attempted to visit, fewer than half were at home and available. For those we could not reach, we left cards at their doors to invite them to contact us so that we can visit them on another occasion. Those whom we managed to reach that afternoon were appreciative and responsive. But I also understand from May that SGAs occasionally encounter seniors who are angry, due to one reason or another. On these occasions, our SGAs would keep cool, provide a listening ear and extend a helping hand where possible.

I am impressed how SGO and SGAs continue to evolve their approaches. My main tool that afternoon was a tablet with a customised App developed by IHiS and AIC. It made the retrieval of background information on each senior, recording of his or her needs and directing of follow-ups easy.



With new senior cohorts being more educated and tech-savvy, we can certainly use technology a lot more and be both “high touch and high tech”. I also support SGO’s extension into workplace outreach given that more among new cohorts of seniors are working.

On a personal note, I found the experience meaningful and fulfilling. Apart from doing something for the seniors, it provides an opportunity to gather useful perspectives and lessons valuable for policy making and communications. I told SGO colleagues I would volunteer again as a recorder-SGA on other occasions. I hope you would give it a try as well when the opportunity comes knocking.

Heng Kee

WALKING THE GROUND WITH THE SILVER GENERATION AMBASSADORS

REFLECTIONS FROM THE 7TH STRATEGIC LEADERS PROGRAMME (SLP) PARTICIPANTS

The class of 7th SLP participated in the Silver Generation Office (SGA) Buddy Programme to hear, see and learn from the ground and get a better feel of the social and health challenges faced by the public. The Silver Generation Ambassadors (SGA) are from the Silver Generation Office (SGO), previously known as the Pioneer Generation Office (PGO). Many of the SGA are volunteers who reached out to the seniors at their homes connecting them to active ageing, social and care support programmes. These house visits provided the 7th SLP participants with valuable perspectives on the social-health integration of our seniors.



Working together with their SGA Buddies, the 7th SLP participants trying to familiarise themselves with the App developed by IHIS and AIC as well as social and care support in the community.

| | |
|----------------|-------|
| Team | : 29 |
| Total attempts | : 241 |
| Total SEs | : 98 |
| Total UEs | : 143 |
| Total FUA | : 22 |

The collective efforts of the 7th SLP participants and their SGA Buddies. Altogether, the 7th SLP participants and their SGA buddies attempted 241 house visits. There were 98 successful engagements with the residents and 22 follow-up cases.



A welfie with SGA buddies and the 7th SLP participants before we kick start the house visits .

WALKING THE GROUND WITH THE SILVER GENERATION AMBASSADORS

The SGA buddy programme experience was a beautiful reminder of why many of us chose to come into and remain in public healthcare. I grew up running along corridors of rental flats in Toa Payoh estate in the 1970s and while the dark corridors of yesteryear have disappeared, the friendliness of the residents that we engaged that afternoon, remained unchanged. My SGA buddies Ms Angela and Ghim Eng, easily struck up conversations with the residents in their homes and navigated through the questions in the SGA app. At the same time, they skillfully assessed the needs of the residents and provided them with useful information on the relevant community support schemes and subsidies available. I could see that the efforts needed for this mammoth outreach programme are significant but I also believe that the returns for our population in the long term, more than commensurates this initial investment, as we continue in our journey to create a caring and inclusive society. Thank you Silver Generation Ambassadors for the great work that you do!

Dr Tung Yew Cheong,
Family Physician
National Healthcare Group Polyclinics

The SGA buddy programme has provided me an unique opportunity to interact with residents in their homes. Blending what I hear and what I see, I could better relate with their daily struggles. For example, one resident continued to battle with his back pain after two spinal surgeries. I could see how his clinical issues have affected his daily living and wished more could be done for him. The buddy exposure has imprinted on me the importance of assessing the impact of health issues on an individual's quality of life.

Ms Hoi Shu Yin,
Deputy Director of Nursing
Tan Tock Seng Hospital and Central Health

WALKING THE GROUND WITH THE SILVER GENERATION AMBASSADORS

The visits to the PG and MG Seniors with my SGA buddy brought back memories of my rookie social work days when we did community outreach and visited isolated seniors in rental flats. The activation of the large network of SGAs is an effective way to reach out to the elderly, especially the isolated ones. This approach keeps the Seniors under the radar and help can be activated quickly when needed. The social service providers can only reach out to a small subpopulation and with the SGAs working with Community Network for Seniors, there is a wider reach and they act as a first line of support. My buddy built rapport easily with her effervescent personality and ability to speak multiple languages. She was effective in relaying updates on the various schemes and programmes the PG and MG seniors could access to improve their physical, social and financial health.

**Ms Cheung Siew Li, Director, Care Integration Department,
St Luke's Hospital**

It is very heartening to see the SGA's engagement with the seniors, full of passion in the work that they do voluntarily. A challenging and daunting task these SGAs have at hand, to engage these seniors on various government policies and schemes as well as to understand their health needs and to connect them to various programmes to help these seniors age with support. The trust that they gained from these seniors and the meaningful experience from each engagement outcome. Truly Respectable!

**Dr Simon Lim, Director, Workplace Health & Outreach Division,
Health Promotion Board**

The SGA Buddy programme enabled me to understand the ground situation of certain groups in our population that benefited from selected government policies. It helped me realise the potential challenges in uptake and actual usage of such good benefits. It is important to go to the ground to see the beneficiaries of the schemes and I appreciate the experience.

**Adj A/Prof James Loh, Chief, Orthopaedic Surgery,
Changi General Hospital**

ABOUT THE HEALTHCARE LEADERSHIP COLLEGE

The Healthcare Leadership College (HLC), a division of MOH Holdings, supports the building of strong leadership capacity and capabilities for our national 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.

Find out more here: www.hlc.mohh.com.sg



Leading Healthcare Team

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Dean, HLC

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Ms Lee Shiao Wei
Director, HLC

Mr Dennis Loh
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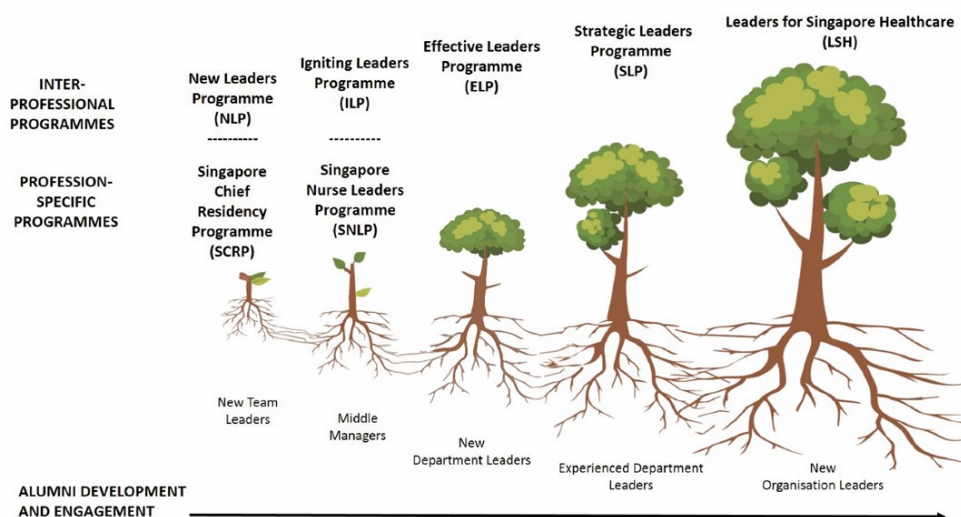
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Leadership Milestone Programmes (Cross-Profession)



- Foster a **one healthcare family** mindset
- Build **shared values and ethos** amongst public healthcare leaders
- Develop understanding of **key healthcare policies**, the rationale and principles behind the policies
- Strengthen **leadership capabilities** of healthcare leaders to enable change and drive strategies to transform healthcare delivery
- Nurture a **community** of healthcare leaders across professions and across the healthcare family and professions

New Leaders Programme (NLP)

PROGRAMME SYNOPSIS



The NLP supports the development of high potential first time team leaders in the healthcare family.

The transition from being an individual contributor to leading a team is a significant and challenging milestone. The NLP encourages participants to explore their new role: How does the Singapore healthcare system work? What is my role in the larger healthcare system? What does it mean to lead? What does it mean to lead in the healthcare family?

The NLP also provides opportunities for participants to network across healthcare institutions and professions.

**Programme Manager: Ms Chu Min Lian
Ms Carol Tang**

Igniting Leaders Programme (ILP)

PROGRAMME SYNOPSIS

The Igniting Leaders Programme (ILP) aims to strengthen participants' systems perspectives by providing opportunities for them to examine our healthcare philosophy and policy choices, and understand our larger strategic goals and priorities. This also helps participants understand one another's role in the healthcare system.

The ILP will enable participants to gain insight into their own leadership practice, especially in building their teams, and allows them to re-ignite their sense of purpose in healthcare. The ILP will also be an important platform for participants to foster peer support networks across healthcare institutions and professions.

Programme Manager: Ms Carol Tang



Effective Leaders Programme (ELP)



PROGRAMME SYNOPSIS

The ELP is designed to deepen participants' understanding of the healthcare system – its complexity and strategic direction, and widen their perspectives beyond the professional and institutional viewpoints.

The ELP also supports participants in reflecting on their personal leadership practice, and focus on driving change and building teams with a collective mission.

The programme emphasises the building of shared experiences and perspectives among participants, and fosters a trusted peer support community for mutual support and collaboration.

Programme Manager: Mr Jared Koh

Strategic Leaders Programme (SLP)

PROGRAMME SYNOPSIS

The SLP will support our senior leaders to adopt a one healthcare mindset, and appreciate the importance of a whole of system approach that include perspectives beyond healthcare.

Participants will have the opportunity to reflect on their collective leadership and collaborative practice as they lead larger and more diverse teams within and across healthcare institutions.

The SLP is also designed for participants to deepen networks and relationships among their peers to strengthen collaboration in the healthcare family.



Programme Manager: Ms Chu Min Lian

Leaders for Singapore Healthcare (LSH)



PROGRAMME SYNOPSIS

The Leaders for Singapore Healthcare (LSH) is HLC's new signature programme for senior healthcare leaders with organisational level responsibilities.

As senior healthcare leaders, participants will examine their roles as leaders of and for the Singapore health eco-system, with a larger influence across institutions and clusters, and beyond public healthcare.

The programme is conducted over four months, in four segments, and includes a study trip.

**Programme Manager: Ms Karyn Choo
Ms Angie Chang**

***Please contact respective managers for more information.**

Profession-Specific Milestone Programmes

Singapore Chief Residency Programme SCRП



PROGRAMME SYNOPSIS

Singapore's healthcare landscape is evolving rapidly with new delivery systems, policies, and educational structures. In this time of transformation, effective physician leadership is essential, and the Singapore Chief Residency Programme (SCRП) prepares tomorrow's doctors to meet these challenges, promote excellence in the medical education, and advance Singapore's Public Healthcare System.

Programme Manager: Mr Alfred Cheong

Singapore Nurse Leaders Programme (SNLP)

PROGRAMME SYNOPSIS

The Singapore Nurse Leaders Programme (SNLP) is developed as part of the Future Nursing Career Review Committee's (FNCRC) recommendation to equip future nursing leaders with prior experience in community care before progressing to take on higher leadership positions.

With an increasingly system-level approach towards nursing at the RHS-level, the programme is designed to equip nurses with the necessary knowledge and skills to lead care across multiple facilities- acute and community sectors. The SNLP aims to groom level 2 nurse leaders to be change agents with strong leadership and policy perspectives, and this is achieved via a 2-prong approach, in-person seminars and attachment to the community care sector.



Programme Manager: Ms Goh You Li

Alumni Events

The College also hosts events and talks for alumni of its milestone programmes, such as fireside chats with senior healthcare leaders, policy workshops, and learning journeys. Alumni events are open by invitation only, and most fees are fully subsidised by the Healthcare Leadership College.

**Programme Manager: Ms Carol Tang
Ms Nicole Lee**

***Please contact respective managers for more information.**



HEALTHCARE
LEADERSHIP
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