

# 成果報告書

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申請人學院、系所、年級	醫學院 醫學系 七年級
中文姓名	黃宥霖
實習國家 (含城市)	新加坡
國外實習機構	National University of Singapore - Singapore General Hospital

Having heard the fame that the National University of Singapore Yong Loo Lin School of Medicine is a leading medical educational and research institution in Asia, I eager to seek for taking part in the NUS special elective program. Furthermore, I have long been looking forward to undertaking the clinical posting in Singapore General Hospital since it is the first and largest hospital in Singapore and it possesses abundant learning resources that I can surely learn a lot from, including both patient-care collection and experience of medical workers from all over the world as well. It is said that SGH is one of the biggest teaching hospitals in Asia. Via NUS special elective program in Singapore, I expect to upgrade myself to a more well-prepared doctor in the future, along with building up a global view in medical science, getting myself equipped with as more sophisticated clinical interaction skills as I could, especially in global language and certain dialects if possible. Hence I anticipate to become a medical worker who is not only dealing with considerable clinical situation, but also exchanging thoughts very often with patients, their family, and of course with my peers worldwide. Believing that this valuable and meaningful elective program definitely fulfill my needs, I embarked excitedly on the application. I would like to express my sincere gratitude to Taipei Medical University for assisting me with accomplishing one of my goals.

I was doing two clinical postings, neurosurgery and colorectal surgery, respectively. Before going abroad for the elective program, I had a thorough review and made myself more prepared for the upcoming two placements. During those postings, I found teams in SGH often head to the café for breakfast altogether once they have a little free time after daily morning ward rounds. They would sit around the table, starting the discussion about the plans and orders for the patients, talking about all the matters from their duty to personal life. I found it really pleasant to begin a day like this at hospital in Singapore. "If we Singaporean doctors don't eat breakfast, we get mad", Mr. Kolin, a neurosurgeon, told me.

After the breakfast, every individual goes for his or her own work. Some get back to the wards, some go to the clinics, while some rush to the operation theatre, et cetera. Most of the medical officers bring a laptop along, with a belt on the shoulder almost all the time, almost everywhere in the hospital. The laptops are provided by the hospital. They seemed to be out of fashion, but still quite sufficient for the medical officers to dealing with a lot of works, such as showing the data and the images, in-time recording and ordering, et cetera. It would be more convenient and time-saving, even more caring for patient safety, if most of the medical officers in charge of the works in the wards could have a laptop along. No matter who he or she is a medical officer, registrar, consultant, senior consultant, professor, doctors in the two departments all share one thing in common: they don't wear white coat. In fact, all of the doctors in Singapore General Hospital usually do not wear white coats during work. This is quite interesting to me, because in Taiwan, a majority of doctors wear white coat all the time. I assume the fact that doctors in SGH do not wear white coats would prevent patients and their family from panic and unease. the reason behind the fact that I have seen is probably based on the confidence in the infection control program, inclusive of good surveillance of nosocomial infection, infection control practices, caring bundles as well as thorough clean-up throughout the hospital.

When it comes to infection control, all medical members in SGH are required to watch several clips about the issue of infection control, finish the infection control test online and pass the N95 fitting mask test. And of course, I am not an exception.

Clinics in SGH are divided into 2 classes. Consequently, patients could choose according to what they really need. One is a general clinic, where outpatients are assigned to the doctors by hospital. It costs around NT2,000 dollars in total. Residents in SGH would have clinic of this class. The other one is a special clinic, which outpatients choose their doctors on their own and it might take longer for the consultation of specialty. Accordingly, not less than NT3,000 dollars would be charged. All clinics are based on making appointments with the doctors. In general, it takes an average of 20 to 30 minutes for an appointment, sometime it would take an hour or so. Because of the longer time, the doctors in the clinic could sufficiently offer a variety of options to the patients and their family, explaining detailedly about the pros and cons, and thus a relationship of trust would be able to established well between the doctors and the patients. Because the clinics are based on appointments, meaning that the patients need to show up accordingly, doctors could make better use of their time. It does good to the time allotment of the

doctors in SGH. In that case, doctors would be able to go for ward rounds or blue letters, i.e. consult, at certain time.

I was in the department of neurosurgery attached to Dr. David Low . Dr. David Low is now mainly working at KK Women's and Children's Hospital most of time in a week, so I could only follow his clinics. In Dr. David Low's clinics, I have benefited a lot from the explanation that he gave to the the patients and their family. He also instructed me on the interpretation of MRI and CT image study from time to time. Apart from Dr. David Low's clinics, I also attend Dr Ng Yew Poh Vincent and Dr Irfan Nawaz 's clinics when I have free time. I felt grateful that they were all very willing to get me involved within their thinking process during the clinic. And impressively, I realized the importance of thorough consideration according to the patients bio-psycho-social status and the advantage of detailed explanation making good use of video clips and some tips like providing patients some statistics, such as certain complication less than 1%, et cetera.

In the wards, I always followed Dr. Irfan Nawaz for the daily ward rounds. In the cozy and spacious talk room where patients' family and Dr. Irfan Nawaz had a conversation face to face, I heard how the Dr. Irfan explained detailedly a variety of matters to them from the decision of patients' diet to the illustration showing how doctors has been approaching to the illness, the steps of the operation would be as well as the possible difficulty they might face and proposed solutions. In such a formal occasion, the family could feel that the doctors took it really serious to take good care of their beloved ones and showed much more confidence in the team. Occasionally, I joined together with the residents listening to the instructions and advices regarding medical and surgical management from Assoc Prof Ang Beng Ti Christopher, a brain tumor specialist. In the operation theatre, Dr. Krishan Kumar and Dr. Irfan provided me an outstanding learning experience in the process of decision making and subsequent clinical practice. Other than some ventriculoperitoneal shunt surgery, I also learned a lot from carotid endarterectomy and surgery for pituitary tumors. Moreover, Dr. Jack Lo, Dr. Kolin, Dr. Thev provided me much information so that I could soon adapt to the daily practice in Singapore General Hospital.

Indian neurosugern Dr. Irfan not only provided me medical knowledge but also gave me advice based on his lifelong experience as a doctor in Singapore's biggest hospital facing patients from a variety of culture. He advised me two tips. One is to equip myself with as many language or dialects as I could no matter where I would be working in the future, take doctors in Singapore for example, English, Mandarin, Malay,

Cantonese and Hokkien all could do good to the communication with the patients and thus foster trustful relationship. The other one is to simply listen more to the patients and try as much as communication as I could with patients and their family. Always make sure that there is no further question.

My second posting is colorectal surgery for another 2 weeks. Every morning at 7 am, I followed pre-round with 2 residents, Dr. Lin and Dr. Koh. After that, three of us together follow my mentor Dr. Dr. Chang mei huan's for daily morning ward rounds. Sometimes, I could follow Assoc. Prof. Tang Choong Leong. He provided his own sophisticated experience and inspired we all to think about it.

On Wednesday morning after regular ward rounds, I joined grand ward round with Prof. Eu Kong Weng. There was discussed about patient's history, lab result, images, as well as which treatment would be best for patient and which measure should be taken. He always gave me such informative and enlightening lessons.

In addition to ward rounds and some reviews, I also attended journal clubs there with the residents. And fortunately I would be able to attend some lessons for residents. Some of the speakers giving lecture were invited from the United Kingdom, the United States and Italy.

Usually after the morning ward rounds, Dr. Chang led us to breakfast at the canteen, ran through the patients in the list there, explained to me and had a short discussion, later on talking about the plan for the cases that would be sent to the operation theatre or the scope room, with a quickly review. After that, I learned either in the clinic, scope room or in the operation theatre. In the clinic, Dr. Chang mei huan explained the situation for the patient in an organized way and address every single complication of colonoscopy to patients in plain words so that the patient could easily get the hang of it and thus made their own decision. In the well-equipped scope room, I found it appealing to watch colonoscopy under instruction of Dr. Chang after performing digital rectal examination. What made me more impressive was a case of rectovaginal fistula. Witnessing on the screen via colonoscopy after feeling it ahead would definitely make me bear in mind for a long time.

In Singapore, it is so easy to access a great variety of food since there are a lot of hawker centers around the country and the public transport systems are so well-developed that foreigners can explore the country after duty hours conveniently. For example, to SGH I could easily hop on quite a few buses or I could take MRT there, alighting at the Outram Park Station. After duty hours, if I am up for having dinner at Tiong Bahru food center or Maxwell food center, two famous hawker centers in Singapore, I would also be able to reach within 10 minutes by bus, including waiting

time owing to the frequent bus network.

One thing to mention is that when I first time got to the SGH campus, I was stunned by such a big collection of healthcare institutes as the campus was composed of more than ten blocks. After alighting at the bus stop on one side of SGH nearest to my destination, I still have to walk about ten minutes. Let alone other blocks. There were shuttle bus in the campus, but I seldom took them. Enjoy the walk around working place in the early morning was also a pleasant experience.

What I found more shocking was that SGH was still expanding. Signage of “WORK AREA AHEAD “ and “ CONSTRUCTION AHEAD” could be seen almost every corner around the campus, meaning big changes were afoot. Doctors in SGH told me that the authorities embarked on a plan to expand, rebuild and renew SGH, catering to the current and anticipated health care needs based on steadily rising patient numbers. The huge work is said to be divided into several phases and when work is completed, there would be triple the space. Although SGH has already been well-established, it was still working on to become a healthcare complex making it much easier for patients and staffs to get around. However, for now, apparently due to the undergoing construction, it is not convenient to get around during my visit. Overall, what the upgrade program reminded me was that it is always necessary to look beyond and plan ahead to design for patient accessibility and interconnection between medical staffs.

The core values of SGH are “Commitment. Collegiality. Compassion. Respect. Integrity. Openness. Professionalism.” I think doctors with such values at this hospital have made me feel the atmosphere here so good. I feel blessed with having the opportunity to learn here at SGH, not only benefited a lot from the posting, but also had a great time hanging out with international medical students and NUS medical students, exchanging clinical posting experiences and cultures in the healthcare system of each’s own. What I have gained from this special elective program in Singapore General Hospital via NUS medicine turned out to be far beyond my expectation. A BIG THANK to all the people that I met at Singapore General Hospital. All of these experiences here inspire me to get myself well-prepared to be a doctor with global vision. This would no doubt be another remarkable milestone throughout my life.













