

# SGH Alumni Newsletter

ISSUE 46 | Aug — Nov 2024

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[https://www.sgh.com.sg/pgmi/sgh\\_alumnus/Pages/SGH-Alumni-e-Newsletters.aspx](https://www.sgh.com.sg/pgmi/sgh_alumnus/Pages/SGH-Alumni-e-Newsletters.aspx)



SGH PGMI  
Postgraduate  
Medical Institute

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## NEW APPOINTMENTS

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### Key Leadership & Clinical Appointments

#### Singapore General Hospital



**Dr Yeo Yi Wei Kirsten**  
Head,  
Dermatology  
Singapore General Hospital



**A/Prof Darren Tay Keng Jin**  
Head,  
Orthopaedic Surgery  
Singapore General Hospital



**Ms Tay Sze Yan**  
Head,  
Department of Psychology  
Singapore General Hospital



**Dr Tay Hsien Ts'ung Luke**  
Director,  
Clinical Innovation and Technology Unit (CITU)  
Singapore General Hospital



**Ms Cecilia Loo**  
Head-Designate,  
Medical Social Services (MSS)  
Singapore General Hospital



**Ms Eleanor Chew**  
Section Lead,  
Rehabilitation & Therapeutic Services  
Singapore General Hospital



**Ms Aw Lian Ping**  
Section Lead,  
Diagnostic & Laboratory Sciences  
Singapore General Hospital



**Ms Olivia Khoo**  
Section Lead,  
Psychosocial & Care Services  
Singapore General Hospital



**Ms Jennifer Liaw**  
Priority Lead,  
Population Health, Transformation & Innovation  
Singapore General Hospital

#### SingHealth HQ & SingHealth Institutions



**A/Prof Iain Tan Bee Huat**  
Deputy Group Chief Medical Informatics  
Officer (Research)  
SingHealth



**Dr Gerald Tay Ci An**  
Head,  
SingHealth Duke-NUS Head and Neck Centre  
(SDHNC)

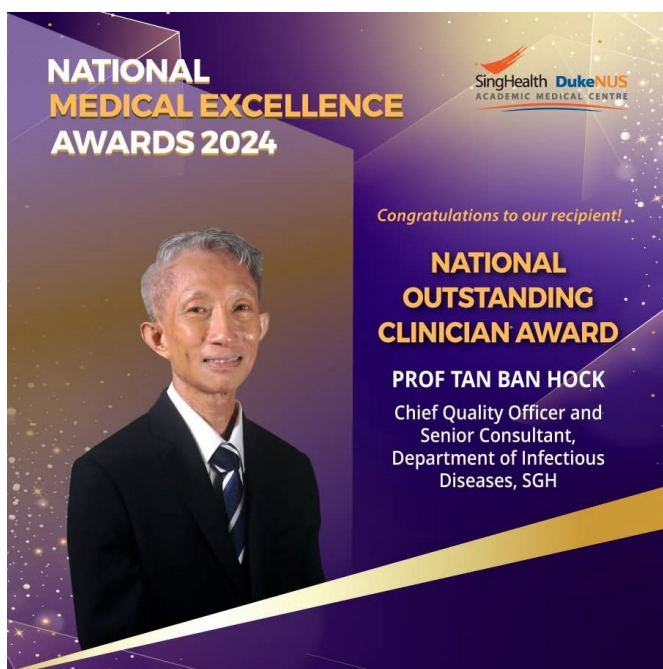


**Dr Loh Huey Peng**  
Chief Nurse (Designate)  
Sengkang General Hospital



**Ms Elena Binte Mohamed Ayob**  
Director, Nursing (Designate)  
Singapore National Eye Centre

## NATIONAL MEDICAL EXCELLENCE AWARDS 2024



Congratulations to Prof Tan Ban Hock for being awarded the National Outstanding Clinician at this year's National Medical Excellence Awards (NMEA) ceremony! The NMEA acknowledges the contributions of healthcare professionals in advancing healthcare, improving the standards of patient safety and quality of care which ultimately improve people's lives.

Prof Tan always puts his patients first. He has been a leader in infectious diseases (ID) and a champion for patient safety at SGH. He began his career as one of the two ID physicians in the hospital, at a time when ID was not even a department. Through his tireless efforts, Prof Tan built and developed the ID department into one befitting a leading hospital. The department is actively involved in epidemic preparedness, oversees the isolation ward, and is increasingly recognised for its research. Prof Tan collaborates closely with microbiologists in the hospital in clinical ID, which has significantly shaped the practice in SGH and beyond.

As a doctor, he continues to be respected for his bedside skills and is regularly consulted on the most difficult clinical cases in and beyond SGH. He practises holistically, giving his best to patient care. Prof Tan's unwavering dedication to patient care and his significant impact on the ID landscape make him a true clinician leader.

*Source: SGH Facebook*

## SGH TOP 2% MOST-CITED SCIENTISTS 2024

We are proud to announce that several of our researchers have been ranked among the top 2% most-cited scientists in the world for 2024, based on both "single-recent-year impact" and "career-long impact" metrics.

This prestigious recognition, created by Stanford University and powered by Scopus data from Elsevier's ICSR Lab, highlights the world's leading scientists across multiple disciplines.

The rankings are based on comprehensive metrics like the h-index, co-authorship, and adjusted citation counts, ensuring a balanced and accurate representation of research excellence.

Learn more about this remarkable achievement [Here](#)



*Source: SGH Facebook*

## SINGHEALTH CLINCHES CHARITY TRANSPARENCY AWARDS



Ms Audrey Lau, Executive Director of SingHealth Fund receiving the Charity Transparency Award.

The SingHealth Fund (SHF) is honoured to receive the Charity Transparency Award (CTA) for 2024. This is the second consecutive year that SHF has received this accolade. The award, presented by the Charity Council, recognises charitable organisations that demonstrate exemplary disclosure practices.

This recognition affirms SHF's unwavering commitment to advancing medical research, nurturing healthcare talent and enhancing patient care. By maintaining high standards of transparency, SHF continues to foster trust with its donors and stakeholders, ensuring every contribution is stewarded responsibly in accordance with donors' intent.

Ms Audrey Lau, Executive Director of SingHealth Fund, expressed her delight at the achievement: "We are deeply honoured to receive the Charity Transparency Award for the second year in a row. This recognition reinforces SHF's commitment to maintaining the highest standards of transparency and accountability. We continue to be focused on maximising the impact of every donation across our key areas: medical research, innovation, education, patient care and staff wellness causes across SingHealth. Our aim is to support not just patients, but also healthcare professionals, researchers, and our key stakeholders, as we work together towards a more robust and resilient healthcare ecosystem."

SHF would like to acknowledge and thank its donors and partners for their continuing trust and support, and their unwavering belief in its vision to define tomorrow's medicine.

Source: SingHealth Website

## SINGHEALTH PUBLISH! AWARD 2024

The SingHealth Publish! Award is an annual event that gives accolade to SingHealth researchers who have published quality articles in internationally acclaimed scientific or medical journals.

The award aims to encourage junior researchers to continuously strive to raise the quality of SingHealth's research publications, raise the international and national profile of SingHealth's research, and promote translational and clinical research collaborations for the cluster.

Click here to collaborate or read more about the winning journals: [Publish Award Winners](#)

**Publish! AWARD 2024**  
Recognising SGH researchers who have published quality articles in internationally acclaimed scientific or medical journals.

**SOO KHEE CHEE PUBLICATION AWARD**  
Dr Ong Shin Yeu, Consultant

Dr Ahn Matae, Resident (Clinician Scientist Track)  
Ms Ang Li Chang (Alcey), Research Associate I  
Dr Cynthia Lim Ciwei, Senior Consultant

**SINGHEALTH DUKE-NUS RESEARCH TEAM AWARD 2024**  
Recognising the exemplary team spirit and individual contributors by research teams to the biomedical research landscape.

**1ST PRIZE**  
Correlates of Protection Against Symptomatic SARS-CoV-2 in Vaccinated Children

- Prof Ooi Eng Eong, LEAD Professor, Duke-NUS
- Dr Zhong Youjia, PhD Candidate, Duke-NUS
- Dr Chan Kuan Rong, Senior Principal Research Scientist, Duke-NUS
- Prof Jenny Low, Senior Consultant, SGH

Other winners: Dr Elaine Huang YuFan, Resident; Dr Kwan Yu Heng, Senior Resident; Dr Lee Han Jie, Senior Resident; Dr Lim Kim Wei, Consultant; Dr Lim Siew Hoon, Nurse Clinician II; Dr Shi Ruoyu, Consultant; Dr Tay Yu Ling, Consultant; Dr Wee Liang En Ian, Consultant; Mr Wilbur Fum Kok Sheong, Senior Medical Physicist.

Source: SingHealth Duke-NUS Website

## TAKE NOTE OF NEW SURGERY TECHNIQUE

**vNOTES surgical technique results in less pain, no visible scars, shorter hospital stay, and lower costs for patients.**

Mdm Massita Surif was a natural candidate for hysterectomy using the vaginal natural orifice transluminal endoscopic surgery (vNOTES) technique, an increasingly popular surgical method.

The 50-year-old needed to remove her womb, which had ballooned to the size of a five-month pregnancy due to fibroids. The fibroids had caused heavy bleeding for years and triggered a stroke in 2018. Considered a high-risk patient, she also has multiple medical conditions and had undergone two Caesarian deliveries, suggesting possible tissue adhesions that can complicate surgery.

“I didn’t want to have open surgery because of my stroke, and I have a low pain threshold,” said Mdm Massita.

Traditionally hysterectomy is performed through open surgery, where a long cut is made across the abdomen to remove the womb. Open surgery allows surgeons to have a good view of the surgical area but it also involves bleeding, sometimes heavy, possible infections and complications.

Removal can also be done by keyhole surgery, where a few small cuts are made for surgical instruments — tiny camera, forceps and scalpels — to be inserted. While the view of the surgical site may not be as good as in open surgery, minimally invasive surgery means less bleeding, smaller scars, and a quicker recovery.

Endoscopic surgery has advanced further, with few or no cuts needed, in procedures where the body’s natural openings are used instead. One of the latest methods is vNOTES, where instruments are inserted through the naturally elastic vagina to perform the procedure. “With vaginal hysterectomy, there are no external incisions, it’s a shorter hospital stay, quicker recovery because of the lack of pain and fewer complications,” said Dr Yvonne Wong, Associate Consultant, Department of Obstetrics and Gynaecology (O&G), Singapore General Hospital (SGH).

Post-surgery, Mdm Massita had cramps for a week, very little bleeding and pain, and a fast recovery.

With advantages similar to other keyhole surgical techniques — perhaps more so — hysterectomy and other previously major surgeries are becoming day surgeries, said Dr Ravichandran Nadarajah, Senior Consultant, Department of O&G, SGH. Indeed, vNOTES has become not just an improved keyhole technique, but one that is increasingly being used with complex or difficult cases — patients who are extremely obese, have multiple medical conditions or surgical adhesions, have cancer, or are elderly, said Dr Ravichandran. “With all the expertise and multidisciplinary support on SGH Campus, SGH has become a regional referral centre for more complicated cases. We have certainly handled the largest number of multispeciality complexities, including non-O&G cases,” he said.

In the first case of a non-gynaecological application of the vNOTES technique at SGH — and possibly in Singapore — Dr Joella Ang, SGH O&G Consultant, helped colorectal surgeons perform a partial colon removal by opening up the patient’s vaginal space.

KK Women’s and Children’s Hospital (KKH) is the leading tertiary centre for O&G cases, performing over 350 from March 2021, when the first such operation was done, to March 2024. In the same period, SGH performed 225, including 154 surgeries for benign indications, 66 for gynaecological oncology, and five for non-gynaecological oncology like breast cancer.

Click here for full article: [Take NOTE of new surgery technique - Singapore General Hospital](#)



*From left: Mdm Massita Surif, Dr Ravichandran Nadarajah and Dr Yvonne Wong demonstrate how vNOTES surgery is performed for O&G cases using a mannequin.*

## SWIFT SUPPORT AT SGH

Telemedicine to provide prompt medical care 24/7 for non-critical medical conditions presenting at SGH's Emergency Department.



From left: SGH Senior Consultant, Dr Chan Jing Jing, Assoc Prof Goh, Assoc Prof Tan, and Minmed's Dr Eric Chiam and Dr Wong Jia Yi

Patients with non-urgent conditions can wait hours to see an emergency medicine doctor. To avoid the long wait — three hours on average and up to seven on very busy days — Singapore General Hospital's (SGH) Emergency Department (ED) has teamed up with Minmed Group to pilot a service to allow this group of patients to be seen promptly.

Called SWIFT (SGH-Wide Initiative for Telehealth) Care, the service offers eligible patients teleconsultation with the private healthcare group's general practitioners (GPs). Registration and consultation are done almost immediately, and can be completed in 30–60 minutes, with the patient's medicines delivered to his home within three hours.

P3 patients with mild to moderate medical issues do not require immediate medical treatment.

These patients may have symptoms of respiratory illnesses like COVID-19, minor sprains, stomach flu, or food poisoning. Priority to receive emergency care is given to P1 and P2 patients. The highest priority P1 patients need immediate attention and are typically treated in the ED's resuscitation area. P1 patients are usually critically ill, having suffered cardiac arrest, severe injuries, bleeding, shock, or a severe asthma attack. P2 patients also need prompt attention although they may be stable with no resuscitation required. They may have suffered major limb fractures or dislocation, have abdominal pain, or need surgical emergencies, and are usually unable to move on their own.

With an ageing population, hospitals' EDs have been grappling with growing numbers of patients seeking emergency attention, some of whom may not actually require urgent care. For instance, some 320 patients visit SGH's ED every day, but about 20 per cent of them do not require urgent care.

Associate Professor Goh Su-Yen, Clinical Director (Digitalisation and Technology), Department of Future Health System, SGH, described the partnership with Minmed as an excellent opportunity to deliver the best possible care for the right categories of patients. Minmed boasts an island-wide network of GPs, and expertise in the use of telemedicine.

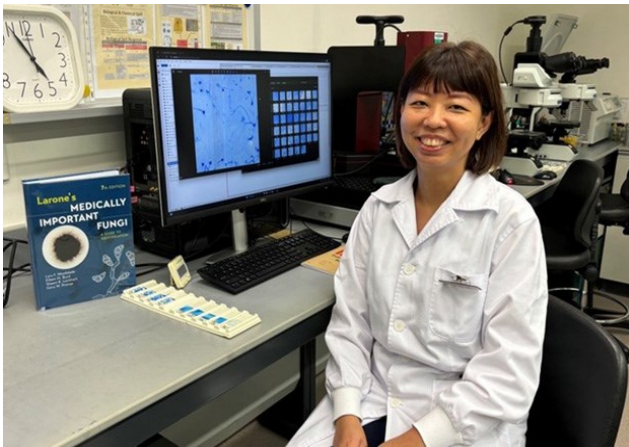
“We chose to go digital first because we think our population is increasingly comfortable with the concept of digital health,” said Assoc Prof Goh. Located in SGH's ED, the 24-hour SWIFT Care service was launched in June 2024. Patients assessed to be eligible can register at the SWIFT Care Clinic to be seen by a Minmed doctor via video. An assistant helps with registration and other administrative tasks, while a nurse is able to support the doctor in procedures such as basic wound care and administration of intramuscular injections if necessary.

After the consultation, any medications prescribed will be delivered to patients' homes within three hours. A flat fee for consultation and medicines is charged. Depending on their condition, patients may be referred to a specialist for further review, or sent back to the ED if found to need emergency care or an examination in person. Should the latter happen, the patient will not be charged the MinMed fee, said Dr Eric Chiam, Chief Executive Officer and Founder, Minmed Group. Patients may also opt for the SWIFT Care Clinic services directly, without having to be examined at the ED's Nurse Triage station.

Click here for full article: [SWIFT support at SGH - Singapore General Hospital](#)

Source: SGH Website

## SGH FUNGI EXPERT TRAINS AI FOR INFECTION DIAGNOSIS



*SGH laboratory scientist Tan Mei Gie specializes in mycology, ie the study of fungi.*

**SGH Pathology collaborates with Synapxe to develop artificial intelligence that can help identify common fungi species that cause infections in patients.**

Did you know that there are over 100,000 species of fungi in the world? From the mushrooms we eat, to those that cannot be seen with the naked eye. With such a wide variety, identifying them is no easy feat. Yet it is crucial to identify the species accurately given that there are over 4,000 clinically important species that may cause life-threatening diseases.

And did you know that Singapore General Hospital has a staff dedicated to the study of fungi, in a field known as Mycology?

Meet Tan Mei Gie, Senior Medical Laboratory Scientist in SGH's Diagnostic Bacteriology laboratory. "As a mycologist, I identify and characterise the different species of fungi, moulds and yeast that cause infections, contributing to diagnosis and treatment of diseases. I also do research to understand the behaviour of these fungi. We are seeing increasingly complicated cases that are difficult to identify. With a shortage of trained staff, it can be challenging to provide lab results and diagnosis quickly."

To leverage the capability of Artificial Intelligence (AI), SGH's Department of Microbiology and Synapxe's Data Analytics and AI department came together to develop a computer vision AI model, Fungal Species Detection using Artificial Intelligence (FungAI), to medically identify common fungal species from patients' specimens.

Currently in pilot phase, FungAI aims to digitalise mycology identification processes and enhance diagnostic capabilities through AI technology. The project team first tested the concept with a particular fungal strain which takes about four days to be identified. They were able to design a solution that could halve the time required, allowing for earlier diagnosis and potential productivity gains.



*The project team from Synapxe and SGH Pathology*

In October 2019, SGH and Synapxe expanded the scope of their project to five species of commonly encountered fungal species. They trained the AI with over 8,500 images collected over two years. Through the experiment, the AI model demonstrated that the turnaround time for identification could be reduced to just two days, with an accuracy of 80 to 90%.

The team endeavours to scale the experiment into a proof-of-concept, focusing on a broader range of fungal species, an efficient data collection process and a simple user interface.

If successful, FungAI may be deployed in the SGH mycology laboratory to address the shortage of skilled expertise in this area by using the AI model to augment junior laboratory staff to identify commonly encountered fungal species. This frees trained staff to work on complicated fungal cases.

Click here for full article: [SGH fungi expert trains AI for infection diagnosis - Singapore General Hospital](#)

## FROM CHANGING NEGATIVE THOUGHTS TO ACCEPTING PAIN, S'PORE PSYCHOLOGIST HELPS CHRONIC PAIN PATIENTS COPE

When patients see clinical psychologist Bridgette Sum, many have high hopes that she will be able to eradicate their chronic pain.

She tells them, gently, that she is not there to do that. Her role is to shift their perspective on pain and help them find practical solutions to live with it.

“It’s very easy to sink into a sense of helplessness,” she said of chronic pain sufferers.

“We focus on helping patients regain a sense of control by shifting their attention to what they can manage.”

Ms Sum, who specialises in pain, is part of the team at the Singapore General Hospital’s Pain Management Centre.



*Clinical psychologist Bridgette Sum (PHOTO COURTESY OF BRIDGETTE SUM)*

She sees between four and eight patients a month, with more females than males, and a median age of 50.

Depending on their needs, most patients do four to six one-hour sessions. Many suffer from fibromyalgia, a chronic disorder that causes fatigue and pain throughout the body.

The pain for most patients prevents them from functioning the way they used to. Some also have depression or anxiety, while others find that medication alone is not helping.

One tool she uses is the Pain Catastrophising Scale, a questionnaire that probes patients on three areas: rumination, when they think repetitively about their pain; magnification, when they perceive pain as more severe and threatening than what might be expected; and helplessness, when they feel they have no control over it.

The results help her tailor her treatment.

For some patients, cognitive behavioural therapy (CBT) helps. CBT works to get patients to notice and change negative thoughts and behaviour.

For others, acceptance and commitment therapy (ACT) guides them to accept pain as part of life but not let it control their actions.

For example, if a patient constantly ruminates about how unfair it is to live with chronic pain, Ms Sum will help them see that dwelling on these thoughts doesn’t bring relief, and that it might be more productive to focus on what they are currently doing instead.

In another case, a patient with chronic knee pain might avoid going out with friends. She will work to uncover the root of these fears. “Is it that they might fall, or that if they fall, there will be no one there to help them? We then try to come to a more balanced way of thinking.”

She will help the patient take practical measures such as adding family members’ phone numbers to their phone’s speed dial. To rebuild confidence, the patient will be guided to start with short walks, gradually building up the distances.

Patients are also taught relaxation and mindfulness techniques to redirect their attention to things within their control, such as their breathing.

Click here for full article: [From changing negative thoughts to accepting pain, S’pore psychologist helps chronic pain patients cope - Singapore General Hospital](#)



### SGH VASCULAR & INTERVENTIONAL RADIOLOGY HOSTS ALUMNI DAY



*From left: Group photo with the attendees for the event, Top right: Prof Tan Bien Soo, Dr Mohammed Ali, Prof Tay Kiang Hiong, Bottom Right: Participants catching up with each other before the event.*

On 22 October 2024, the Department of Vascular & Interventional Radiology at Singapore General Hospital (SGH) held its IR Updates & Alumni Day. The event, themed "IR's Amazing Next Generation Interventions", brought together in-service staff and 14 past international fellows and alumni.

The gathering provided an opportunity for attendees to share insights into Interventional Radiology (IR) practices from their respective countries. Participants engaged in lively discussions about the latest advancements and techniques in the field, fostering a rich exchange of knowledge and experiences.



*Dr Mohammed Ali sharing on IR practice in Baghdad, Iraq.*

For many attendees, the day also offered a nostalgic journey as they revisited familiar facilities within the department and observed how it has evolved since their training days.

We also took the opportunity to catch up with Dr Alalsaidiessa Mohammed Ali from Iraq who completed his fellowship training in 2019 about his fellowship experiences and how it has benefited his career.

Dr Mohammed Ali, now head of his IR department in his institution, fondly recalled making new friends from different countries as one of his most memorable moments at SGH.

The fellowship wasn't without challenges. Dr Ali shared candidly about being away from his family for a year: "I was counting the days to the end of fellowship day by day, but I said to myself I am here for a goal and must do it! And I did it!"

The impact of the fellowship experience on Dr Ali's career has been profound. "I came to SGH with zero IR knowledge," he explained. "After I returned to my institution, I started building an IR department from scratch. Now, just five years after finishing my fellowship, we've performed thousands of cases that were never done previously in my institution."

His advise to future trainees: "Be patient, enjoy your fellowship, and benefit from every day, from every case!"

## FELLOWSHIP

### Dr Lemuel Ian Rosario Guevara from Philippines shares his fellowship experience in SGH, Department of Otorhinolaryngology – Head and Neck Surgery.

#### What was your impression of Singapore's healthcare industry?

Singapore's healthcare industry is internationally renowned, with an approach to public health that is reflective of one of the strongest economies in the world. During my time here, I was able to see first-hand how this glowing reputation is truly well-deserved. There is clear government support and investment in the healthcare industry, allowing the provision of the best possible healthcare to all members of society. There is commitment to keeping up-to-date with developments in medical technology, pharmaceuticals and treatment guidelines. My experience has only reinforced my impression that Singapore is at the forefront of medical advancement.



Dr Lemuel Ian Rosario Guevara with Dr Charn Tze Choong and Dr Neville Teo.

#### Are there any differences compared to the healthcare industry in your country?

There is a stark difference between the healthcare industry in the Philippines compared to Singapore. As an archipelagic nation of 7,641 islands with a population of over 109,000,000, there are significant challenges. The Philippines healthcare system is comprised of both public and private sectors. The public sector is significantly surpassed by the private sector in terms of financial resources, technology, equipment and staffing. Due to the current economic state and wealth distribution in the country, access to healthcare is highly inequitable, and administrative efforts are continually being aimed at finding solutions to the multifactorial and multidisciplinary problem.

#### Why did you choose to apply to Singapore/SGH for your attachment?

I chose to apply to Singapore General Hospital as I believed it provided an excellent environment to achieve the learning goals I had set for myself. I was aware that SGH is the largest tertiary hospital in Singapore that integrates clinical care, research and education. I was drawn to SGH because I knew that there would be ample opportunities to experience and learn diagnostic, medical and surgical approaches to common and rare diseases and tumours of the nose, paranasal sinuses and anterior skull base. I was also keenly interested in being exposed to the use of state-of-the-art equipment and medical technology.



Dr Lemuel Ian Rosario Guevara and Dr Png Lu Hui

#### Did you face any difficulties (e.g. culture, language) during your attachment? What were they?

I am fortunate that I had little difficulty adjusting to life in Singapore during my attachment. I am comfortable with the English language, I have direct family residing here, and there are a lot of cultural similarities coming from a fellow Southeast Asian nation.

#### During your attachment, what was a 'typical' day like?

My attachment typically consisted of clinical days and surgical days. On clinical days, I would observe and assist in the specialty Rhinology clinic or Allergy clinic of my mentors. This would be split into morning and afternoon sessions. On surgical days, I would assist my mentors in their scheduled procedures at the Operating Theatre.

#### What were your learning experiences?

Clinical days provided me the opportunity to see how my mentors approached the diagnosis and management of rhinologic conditions. I was able to witness their pre-operative preparations and how they performed post-operative care. I was also able to see numerous office-based procedures. Surgical days allowed me to observe and assist in various advanced procedures, such as full-house functional endoscopic sinus surgery, transsphenoidal excision of

(continued on next page)

## FELLOWSHIP

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*Dr Lemuel Ian Rosario Guevara and Dr Neville Teo.*



*Dr Lemuel Ian Rosario Guevara with Dr Tay Kaijun, Dr Charn Tze Choong, Dr Png Lu Hui and Dr Neville Teo.*

pituitary tumours, repair of cerebrospinal fluid leak using nasoseptal flap, and endonasal craniofacial resection. Other learning activities included attending conferences, lectures, scientific meetings, as well as assisting in projects and research.

### **How has the attachment made an impact on you?**

This attachment has given me the necessary tools to grow and advance in my chosen subspecialty. It has strengthened my resolve to hone my skills and continue to improve. Thanks to my exposure here, I have gained valuable insight in ways that would also benefit the quality of education and training in my institution back home. The knowledge and skills I have gained here will not only benefit my own practice, as I am excited to share it with others in my country.

### **Do you have any interesting/memorable experience during your attachment that you would like to share?**

On my very first day of my attachment, I was able to assist in a surgical procedure that I have never before seen performed on an actual patient. It was a truly memorable way to kick off my training, allowing me to witness first-hand an advanced procedure while using a slew of instruments, equipment and advanced technology, all of which I had not previously experienced. It was a fitting welcome and amazing beginning to what would be a remarkable journey.

### **What did you enjoy most during your attachment?**

The most enjoyable part of my attachment is unquestionably the collective time I had spent with mentors. I will always be thankful to Dr. Neville Teo Wei Yang, Dr. Charn Tze Choong, Dr. Png Lu Hui, and Dr. Tay Kaijun, for all the knowledge and wisdom shared, as well as the friendship and hospitality. I will always be grateful to them and they will always be directly responsible for any future success that comes my way.

### **Would you recommend SGH to interested fellows? Why?**

A resounding yes. SGH is truly an excellent choice as a venue to pursue further training. There are abundant opportunities to learn. Despite the high patient load, the institution is committed to providing excellent service while staying updated with advances in technology and treatment guidelines. The consultants are excellent in their respective fields, and the staff and allied health professionals are all helpful and welcoming. It is undoubtedly a conducive environment for fellowship.

### **How would you describe your fellowship experience in 3 words?**

Enlightening. Transformative. Invaluable.



# UPCOMING EVENTS

## Jan 2025

**8TH**

**SGH Lunchtime Q+A with GPs\***

Presented by Dr Sivanathan Chandramohan & Dr Jasmine Chua, Department of Vascular & Interventional Radiology, SGH\*

Dr Alvin Lee Yuan Ming, Department of Urology, SGH

**14TH**

**GPCME Webinar: Surgical and Reconstruction Options for Breast Cancer**

Presented by Dr Tan Si Ying, Department of Breast Surgery, SGH

Dr Pek Wan Sze, Department of Plastic, Reconstructive & Aesthetic Surgery, SGH

**15TH**

**GPCME Webinar: Plastic, Reconstructive & Aesthetic Surgery**

Presented by Dr Denise Fok, Department of Plastic, Reconstructive & Aesthetic Surgery, SGH

**22ND**

**SGH Lunchtime Q+A with GPs**

Presented by Dr Tay Kaijun, Department of Otorhinolaryngology - Head & Neck Surgery, SGH

Dr Judith Quek Shumin, Department of Restorative Dentistry, NDCS

## Feb 2025

**5TH**

**GPCME Webinar: SGH Colorectal Surgery and NCCS\***

**12TH**

**SGH Lunchtime Q+A with GPs**

Presented by A/Prof Lincoln Liow Ming Han, Department of Orthopaedic Surgery, SGH

Dr Jacklyn Yek Jia Lin, Department of Pain Medicine, SGH

**21ST**

**GPCME Webinar: Otorhinolaryngology - Head & Neck Surgery**

Presented by Dr Adele Ng, Department of Otorhinolaryngology - Head & Neck Surgery, SGH

**26TH**

**SGH Lunchtime Q+A with GPs**

Presented by Dr Kog Zheng Xi, Department of Renal Medicine, SGH

Dr Lam Wee Leon, Department of Hand and Reconstructive Microsurgery, SGH

## Mar 2025

**5TH**

**SGH Lunchtime Q+A with GPs\***

Presented by Dr Ernest Eu Wencong, Department of Colorectal Surgery, SGH

Department of Gastroenterology & Hepatology, SGH\*

**10TH**

**GPCME Webinar: Otorhinolaryngology - Head & Neck Surgery**

Presented by Dr Anna See and Dr Isabelle Jang

Department of Otorhinolaryngology - Head & Neck Surgery, SGH

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Mar 2025

**14TH** **GPCME Webinar: Working Hand-in-Hand with Primary Care Physicians to Provide Holistic Management for Patients with ILD\***

Presented by Dr Brian Chua, Dr Michelle Kam and Dr Tan Yi Hern, Department of Respiratory & Critical Care Medicine, SGH

**17TH** **GPCME Webinar: SGH ENT and SNEC\***

**26TH** **SGH Lunchtime Q+A with GPs**

Presented by Dr Lee Zhen Jin, Department of Upper Gastrointestinal & Bariatric Surgery, SGH  
Cl Asst Prof Sewa Duu Wen, Department of Respiratory & Critical Care Medicine, SGH

\*Please refer to our website <https://www.sgh.com.sg/pgmi> for events updates.

## SGH LUNCHTIME Q+A WITH GPs

Have burning questions pertaining to medical care?

Join our clinicians at the SGH Lunchtime Q+A with GPs that takes place on Wednesday from 1pm to 2pm. Each session, we have our specialists from 1-2 disciplines online to take your questions live.

For more information on the upcoming sessions and to register and pre-submit your questions, please click on the below link (internet access required):

<https://for.sg/sgh-lunchtime-gna-2025>



### *Crafting Your Ideal Newsletter*

We are always looking for ways to improve and engage our alumni members. If you have any suggestions or ideas for newsletter contents or alumni events, know anyone who would like to contribute to the newsletter, please let us know! Email your suggestions and contributions to [alumni@sgh.com.sg](mailto:alumni@sgh.com.sg)

**SGH ALUMNI NEWSLETTER**

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