



# e-catalyst

## ACCELERATING RESEARCH



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### LKC Medicine Welcomes The First Graduate Diploma In Sports Medicine Cohort



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### A Tropical Flu

by Dr Barnaby Young



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### Becoming a Better Clinician-Teacher through Clinical Research

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### Singapore Health and Biomedical Congress (SHBC) 2018 Highlights



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## Mental Health Stigma and Attitudes Among Local Youths

In May 2015, the Research Division, Institute of Mental Health (IMH) launched a study to explore the attitudes and stigma towards the mentally ill among youths in the age group of 14 – 18, who are residing and studying in Singapore. In all, 940 students from 6 schools participated in the online survey.

The study found that the **majority of participants had misconceptions of, and experienced stigma towards those with mental illness.** Participants most commonly associated mental illness with the words, "depression/depressed", followed by "crazy", "different", "weird", and "autistic". Sympathetic words towards the mentally ill such as 'pitiful', 'sad', 'need love/care' were also expressed.

**About half of the sample reported that they would be embarrassed if they were diagnosed with mental illness** - which may account for the large treatment gap found in adult population. Despite the negative views about mental illness, **majority of the participants reported that they would be willing to help someone close to them (e.g. a friend) who might have a mental illness.** However, they are not comfortable with the

possibility of being diagnosed with a mental illness themselves. Thus, there is room for improving mental health knowledge and addressing misconceptions/stigma among Singaporean youth.

Furthermore, **only less than a quarter participants reported that they had attended mental health awareness events in the past.**

This suggests that either the participants were not exposed to such events, or it may have been a "one-off" event which may not be an effective way to educate the youth on the subject of mental illness. A regular education programme in school or community might be a better option.



Team members (from left to right): Zhang Yunjue, A/Prof Mythily Subramaniam, Liu Jian Lin

### Key messages from the study:

a. Mental illnesses are common and universal; they require care just like physical health conditions. People should embrace this fact and know it is ok to seek help. Seeking early intervention/treatment would also improve prognosis and quality of life.

b. Youth must be encouraged to attend mental health related events, such as campaigns, workshops and community events. This would help raise awareness among the youth at an early age and would equip them with the knowledge to better address stigma when they transit into their adulthood.

Contributed by:  
**Ms Zhang Yunjue**  
Senior Research Officer  
Research Division  
IMH

## Getting Your Game On for Health

As a collaborative applied research and innovation centre established jointly by National Healthcare Group (NHG) and LKC Medicine, the **gAmeS for heALth InnoVations centrE (ALIVE)** seeks to assess, validate new games and build a local talent pool of serious games developers to establish Singapore as a hub for healthcare games.

**With this aim in mind, ALIVE sponsored this year's Singapore Games Creation Competition (SGCC),** an annual competition event for games creation among secondary school students organised by Nanyang Polytechnic's School of Interactive and Digital Media. SGCC 2018 commenced in March this year with the theme "Promoting Healthy Living for You and Your Family" and the results were announced at the SGCC Closing Ceremony on 5 September 2018. Of the 192 participating teams, 31 teams emerged as finalists and the **top three prizes went to two teams from NUS High School of Mathematics and Science, and one team from the Raffles Girls' Secondary School.**

Besides encouraging the adoption of healthier lifestyles in student participants, ALIVE hopes to keep the community activated in terms of personal health ownership and promoting positive behavioural health outcomes. ALIVE thus plans to **evaluate and further develop selected games fitting current healthcare priorities with NHG clinicians.**

Some selected games that ALIVE would like to further develop are as listed below, click on the points to find out more:



Screenshot of the game, Operation Health HealthBot (Champion prize) developed by AgarAgar

### 1. Operation Health HealthBot (Champion prize) developed by AgarAgar

A top-down Sims-esque game where you play as HealthBot, the humanoid. Armed with a wealth of knowledge on healthy living, you are to guide and assist the family of Ealth Tee to live a healthy lifestyle.

### 2. Put Down The Lighter (1st Runner Up prize) developed by infiniteLoop

A series of mini-games that aims to educate people on the irreversible consequences of smoking on our body.

### 3. The Doctor Will See You Now (2nd Runner Up prize) developed by datsubug

A role-playing game where the player takes on the role of a doctor and accepts cases to help improve the lives of others.

For interest in developing the above games, please email Grace Leong at [grace\\_sx\\_leong@nhg.com.sg](mailto:grace_sx_leong@nhg.com.sg)



Guest-of-Honour Prof James Best with ALIVE Chairperson Dr Eugene Soh (NHG), Co-directors and Secretariat



Group picture with the SGCC finalists

## Clinician-Scientist Support Network (CSSN) Supporting Clinician-Scientists Every Step of the Way

Recognising that Clinician-Scientists (CSs) are the bridge between Science and Medicine, the Clinician-Scientist Development Committee (CSDC), a joint committee between National Healthcare Group (NHG) and LKCMedicine, was formed in FY2016 to collaboratively oversee the selection, development and evaluation of CSs and to provide guidance on their research careers.

The CSDC is currently co-chaired by Professor James Best (Dean, LKCMedicine) and Associate Professor Lim Su Chi (Clinical Director, Clinical Research Unit, KTPH), with Professor Lim Tock Han (Deputy GCEO for Research & Education, NHG) as the advisor.

**With the CSDC providing strategic directives and advices for CS development matters, the CSSN was also set up concurrently in FY2016 with the aim to support the CSDC as its executive and administrative arm.** The primary objectives of CSSN are to reduce

administrative burden on CSs and to shorten delay for project initiation. The CSSN comprises of research administrators from LKCMedicine Office of Faculty Affairs, LKCMedicine Research Administrative Support Services, NHG Research & Development Office and representatives from the NHG institutional clinical research units, clinical departments, human resources and finance.

Over the past 2 years, the CSSN has worked closely to provide coordinated and customised support for CSs. The areas which CSSN support include facilitating timely initiation of the CSs' research through following-up on research agreements and ethics approval, individualised research career planning for the CSs such as strategising next steps to extramural grant applications, and CSs' research appointment matters.

Over time, the CSSN has established processes for the above with greater efficiency

and effectiveness. **These have benefited CSs from the NHG cluster who are under the NMRC talent development awards, such as the NMRC Research Training Fellowship, Transition Award or Clinician Scientist Award, and under the intramural research career programmes, such as the NHG-LKCMedicine Clinician-Scientist Career Scheme.**

Going forward, the CSSN aims to carry on the positive synergy achieved through the network to continue to support the overall development of CSs in the cluster.



Contributed by:  
**Research & Development Office  
National Healthcare Group**

## Case Management in Early Psychosis Intervention Programme (EPIP) Perspectives of Clients and Caregivers

The **Early Psychosis Intervention Programme (EPIP)** was initiated in **April 2001** with the aim to raise awareness of and reduce stigma associated with psychosis, establish links with primary healthcare providers and collaborate in the detection, referral and management of those with psychosis and improve the outcomes of its clients and reduce the burden of care on their families.

EPIP case managers collaborated with researchers from the IMH Research Division to complete this qualitative study which **explored the perspectives of EPIP clients and caregivers on case management with the intent to understand the salient aspects of case management from their perspectives.**

Clients and their caregivers were recruited from the EPIP outpatient clinics. The Focus Group Discussions (FGD) were conducted at a community centre outside the hospital with 47 clients and 19 caregivers. The FGD were facilitated by experienced researchers who were not involved in the care of the clients and were trained in qualitative research methodologies. All FGD were audio recorded and transcribed with all identifiers omitted to protect the confidentiality of the participants involved. Qualitative data analysis was then conducted using thematic analysis.

Below are the 11 themes that were identified using inductive data analysis of the FGD (patients and caregivers).

### Common Themes from Client (C) and Caregiver (CG) Focus Group Discussions

- 1) Therapeutic alliance
- 2) Holistic monitoring
- 3) Collaborative role with other care providers
- 4) Counselling and guidance
- 5) Crisis management
- 6) Bridging role
- 7) Client-centered care
- 8) Client empowerment and strength building
- 9) Psychoeducation / Educate on illness
- 10) Support
- \*11) Problem solving

\*"Problem solving" surfaced only from the client FGD; the remaining themes were common to both groups.



Team members from the EPIP Case Management - Research Workgroup

There were a total of 5 themes that emerged most strongly from the FGD. **The 2 themes mentioned below were unique to the role of EPIP case managers** and the research team felt were extremely relevant to patient care.

### Holistic Monitoring

C7: "When you see a doctor, they all want to know, do you have any problem with regards to your illness. But the case manager is here to understand more on your life problems, any problem"

CG9: "She does check on my sisters, my another sister and my wellbeing at the same time as the patient"

### Collaborative role with other care providers

C7: "Even though they are not there, they always discuss with the... psychologist.. and then with doctor to see how am I doing"

CG13: "... he will also consult the doctor when this medicine is okay ...gives some side effects, I would feedback to the case manager.. who will discuss with the doctor... on my next visit, when I visit the doctor usually the dosage is either adjusted or a new medicine is introduced"

**The voices of the clients and caregivers are important to EPIP case management services.** This study has provided insights into their perspectives, understandings and lived experiences of case management and its impact on clients and caregivers.

For more information about the study, please [click here](#).

Contributed by: **Mr Peter Wong Horng Hien**, Senior Case Manager, Early Psychosis Intervention Programme (EPIP), IMH

## A Journey as a Clinician-Scientist - Overseas Research Training Fellowship Programme with the University College London (UCL)

The **National Medical Research Council (NMRC) Research Training Fellowship (RTF) overseas programme that I completed at University College London (UCL), with the prestigious Moorfields Eye Hospital (MEH), London**, from November 2012 till October 2014, was a major milestone in my life.

During this time, **I grew my scientific contributions from 10 to 130 publications** and culminated in my involvement with the steering committee of the Collaborative Ocular Tuberculosis Group (COTS), an international collaboration involving 25 centres from 10 countries.

My time in the programme allowed me to **develop a firm grounding in clinical practice for the Uveitis subspecialty, as well as my research expertise in Ocular Inflammatory Disorders**. The new classification of uveitis OASIS - Ocular Autoimmune Systemic

Inflammatory and Infectious Diseases - that I had proposed, has started to gain popularity and will soon be validated in a large clinical cohort in Asia. The fellowship enabled me to gain instrumental skills for research in basic and translational sciences, and led an investigation into the flow dynamic changes in the choroid and the blood. With good grace, the **structural changes in the choroid is now recognised as Choroidal Vascularity Index (CVI) globally**.

Under the programme of Red Blood Cells (RBC) flow dynamics, **I set up collaboration with UCL, Imperial College London, Swansea University, Singapore University of Technology and Design, National University of Singapore and Singapore Eye Research Institute**. This programme was also published as a dissertation entitled – Cellular Imaging and Assessment of Flow Dynamics by UCL.

At the same time, I was trained in the nuts and bolts of research through the Global Clinical Scholars Research Training (GCSRT) programme – a one-year blended component from the prestigious Harvard Medical School.

I am thankful that through this opportunity, my work has gained international recognition and had since been invited to contribute to numerous scientific conferences globally. This was an instrumental step in my career, allowing me to master key research competencies to contribute to medical sciences and my institution's profile as a centre for healthcare excellence.



Contributed by:  
**Adjunct Assistant Professor  
Rupesh Agrawal**  
Consultant,  
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TTSH

## Singapore Health and Biomedical Congress (SHBC) 2018 Highlights

The Singapore Health & Biomedical Congress (SHBC) organised by the National Healthcare Group was held from 25 to 26 Oct at the MAX Atria @ Singapore EXPO. The Congress was attended by more than 2,500 delegates which included participants from Australia, Canada, Belgium, Indonesia, Thailand, Japan, Myanmar, Malaysia and United Kingdom.

### Memorandum of Understanding (MOU) – Joint Programme for Clinician-Scientist Development

This joint programme seeks to groom, develop and fund more clinician-scientists, who serve as a crucial conduit between laboratory and clinical research to better health outcomes and patient care. The MOU formalises the partnership and commitment between NHG and LKCMedicine to nurture research talents in areas such as diabetes; infectious diseases; skin disorders and population health wellness, to name a few.



Signatories and witnesses from NHG and LKCMedicine for the MOU: From left to right – A/Prof Lim Su Chi; Prof Lim Tock Han; Minister Gan Kim Yong; Prof James Best and Prof Michael Ferenczi

### Memorandum of Agreement (MOA) – ALIVE-POLY-ITE Student Internship Programme

The student internship programme is a collaborative effort between gAmes for heaLth InnoVation cEntre (ALIVE – a joint centre between NHG and NTU's LKCMedicine) and the Schools of Interactive and Digital Media represented by five Polytechnics: Nanyang Polytechnic (NYP); Ngee Ann Polytechnic (NP); Republic Polytechnic (RP); Temasek Polytechnic (TP) and Singapore Polytechnic (SP), and the Institute of Technical Education (ITE). In this programme, ALIVE will provide healthcare experts to co-develop serious games prototypes with the students who have expertise in games design/storytelling; graphics design and IT infrastructure. The parties hope to use digital media technologies to co-create and translate ideas into user-friendly solutions for better health outcomes.



Eight-party MOA with signatories and witnesses from NHG, LKCMedicine and the Institutes of Higher Learning : Parties from left to right – TP; ITE; NYP; NHG; Minister Gan Kim Yong; LKCMedicine; NP; RP and SP

## Congratulations to the winners of the Singapore Health and Biomedical Congress (SHBC) 2018 Scientific Competition!

Please click [here](#) for the list of categories and winners.

## A Tropical Flu

'Immunity is a myth... and no mortal can ever be made invulnerable' writes Eula Bliss as she contemplates parallels between the arrow that killed Achilles and the vaccine needle (On Immunity: An Inoculation, 2014).

The influenza vaccine has a particularly large Achilles' heel. Unlike other routinely administered vaccines, it tries to induce protection against a mutable object - a virus whose surface proteins drift and shift, and where each strain may only circulate for a few months. In addition, the **vaccine is usually attempting to influence an immune system with memory of previous influenza infections and vaccinations. Recollection shapes how it will respond.**

In tropical countries, influenza vaccines face yet another challenge: a continuously circulating virus, with multiple annual outbreaks. An effective vaccine must be able to provide protection throughout the year, not just for the three to four months of a typical temperate climate winter.

**Understanding these issues and finding ways to improve the influenza vaccine is the aim of my PhD studies at LKCMedicine, supervised by Prof Annelies Wilder-Smith (Professor of Infectious Diseases, LKCMedicine).** In the past year, we have completed a clinical trial in Singapore of six-monthly versus annual vaccination in 200 community-resident adults aged 65 years and older. We have found that a second dose is able to boost immune markers of protection against infection, though response to the second vaccine was blunted compared with the first. Despite this, participants who received a second vaccine suffered from significantly fewer respiratory illnesses.

The next step is **to investigate the blood samples donated by the participants who are involved in the studying detail, to unpick how protection wanes in the year following vaccination, and how the immune system responds to repeated challenges with the same vaccine strains.** With this, we hope to design an influenza vaccination strategy

appropriate for influenza epidemiology in Singapore and the tropics.

*This study was awarded the 'NHG Thematic Grant' in 2015 and has won Gold award in the SHBC 2018 Young Investigator Award (Clinical Research) category. It was featured in The Straits Times on 26 October 2018, and was published in the journal of Clinical Infectious Diseases. Click [here](#) for the publication.*

*Dr Barnaby Young is an FY2016 awardee of the NHG-LKCMedicine Clinician-Scientist Fellowship (CSF) and NMRC Research Training Fellowship (RTF). Click on the respective links to find out more about the fellowships.*



Contributed by:  
**Dr Barnaby Young**  
Consultant  
Infectious Disease Physician  
NCID / TTSH

## Low Dose Levothyroxine Treatment In Patients With Type 2 Diabetes And Non-Alcoholic Fatty Liver Disease: A Multicentre Clinical Trial

**Non-Alcoholic Fatty Liver Disease (NAFLD) is known to occur in up to 50% of patients with diabetes mellitus.** This co-occurrence significantly increases the risk of mortality and morbidity. Although, there is a clear need for effective therapeutics to reduce or reverse NAFLD, there is no approved treatment for this indication. Thyroid hormones are known to induce favourable metabolic effects and to reduce liver fat content in animal models.

Prof Paul Yen, Professor of Cardiovascular & Metabolic Disorders Programme at DUKE-NUS School of Medicine and his team showed that intra-hepatic triiodothyronine (T3) concentrations are low despite normal serum T3 concentrations in a rodent model of NAFLD. Hence, **they collaborated with endocrinologists from Singapore's tertiary hospitals, in a Tanoto Initiative in Diabetes Research funded clinical trial, to study the effect of levothyroxine supplementation on Intrahepatic Liver fat Content (IHLC) in 20 Type 2 Diabetes (T2DM) NAFLD patients.**

Briefly, T2DM participants were recruited to receive low doses of Levothyroxine (LT4). LT4 was titrated to reach a thyroid-stimulating hormone level of 0.34 to 1.70 mIU/L and the treatment was maintained for a maintenance period of 16 weeks. We found that **low dose LT4 decreased IHLC in euthyroid males with T2DM.** This study provides a strong rationale for further developing and testing of thyroid hormones and analogs for treatment of NAFLD in Diabetes.

This study brought together teams of scientists and clinicians from DUKE-NUS School of Medicine; Tan Tock Seng Hospital, Khoo Teck Puat Hospital, Singapore General Hospital, National University Hospital, Changi General Hospital, Jurong Health; CIRC - A\*STAR and researchers from Singapore Clinical Research Institute, to conduct a multicentre study under the Metabolic Research Network. **This is the first proof-of-concept study in humans using levothyroxine to treat NAFLD in diabetes patients.**



Contributed by:  
**Assistant Professor Rinkoo Dalan**  
Senior Consultant  
Endocrinologist  
Department of Endocrinology  
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Assistant Professor  
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**Associate Professor Sum Chee Fang**  
Senior Consultant  
Diabetes Centre  
Admiralty Medical Centre &  
KTPH

Adjunct Associate Professor  
LKCMedicine

## GOOD TO READ!

### Parachute Use To Prevent Death And Major Trauma Related To Gravitational Challenge

Parachutes are widely used to prevent death and injury after gravitational challenge. However, there is no data validating that parachutes provide effective protection against death and injury resulting from free-falling. In fact, studies of free fall do not show 100% mortality. How did parachutes become the standard protection measure against death and injury from free fall?

Click [here](#) to read now!

## Becoming a Better Clinician-Teacher through Clinical Research

I have been teaching medical students since I was one myself. As part of this journey, I came across many juniors who approached me to mentor them for research projects. **I realised that I did not have the relevant skills to help or guide them with the rigorous process which a proper clinical research study requires. It is this growing unease that propelled me to enroll in the NHG-LKCMedicine Clinician-Scientist Preparatory Programme (CSPP).**

Under the programme, I was exposed to structured teachings in research methodology, ethics and statistical analysis. I am fortunate to be under the tutelage of Asst Prof Rinkoo Dalan, an established clinician-scientist in my department. Together, we explored the benefits of physical activity on glycemic variability and cardiovascular risk reduction in patients with type 2 diabetes.

**After I returned from Health Manpower Development Programme (HMDP), I decided**

**to continue the research voyage by enrolling in the Master of Clinical Investigation (MCI) programme organised by NUS.** My class of 23, comprised of peers from different departments and hospitals. We had very rigorous discussions on biostatistics, epidemiology, pharmacology, health system research, conducting clinical trials etc.

The highlight was to repeatedly present, defend, edit and present my research proposal, until the panel was satisfied and approved my \$20,000 seed grant. The programme has **honed my skills in the critical evaluation of the medical literature and to use evidence-based medicine in my day-to-day clinical practice and teaching.**

There is still much to learn in this research odyssey but I can safely say that I am now (slightly) more confident when mentoring students in research projects. In all, I feel that **this quest has enhanced my role as a**

**clinician and a clinician-teacher** and I strongly encourage the juniors to consider and embark on the various research opportunities that NHG has to offer!

*Dr Seow Cherng Jye was a FY2014 CSPP Awardee. Click [here](#) to find out more about the programme.*



Contributed by:  
**Dr Seow Cherng Jye**  
Consultant  
Department of Endocrinology  
Senior Residency Programme Director  
TTSH

## LKCMedicine Welcomes The First Graduate Diploma In Sports Medicine Cohort

**LKCMedicine, together with Changi General Hospital (CGH), welcomed its inaugural student cohort of the Graduate Diploma in Sports Medicine (GDSM) on 31 July 2018.** The part-time one-year programme, which is the first of its kind in Singapore and Asia, equips medical practitioners with the essential skills to prevent, treat and manage musculoskeletal and sports-related injuries especially in countries with an actively-ageing population.

The launch of the programme, which is aimed primarily at medical practitioners registered with the Singapore Medical Council, is timely. **In tandem with our nation's rapidly ageing population, musculoskeletal injuries are set to rise, and demand for expertise in sports medicine is expected to increase as well.** However, specialist sports medicine services are currently limited to a handful of public and private specialist clinics.

**This has created an urgent need to develop another tier of sports medicine caregivers who are based in heartland communities.** Being readily accessible to the public, medical practitioners with this knowledge and skillset will play a leading role in the prevention of injuries and chronic diseases, as well as, the management of minor injuries and prompt referral of complex cases to sports medicine specialists.

"Sports medicine is important not just for treating injuries in athletes, but also in the prevention and management of age-related chronic diseases and the elderly who are prone to musculoskeletal injuries," said Programme Director LKCMedicine Associate Professor of Exercise Physiology Fabian Lim said. "The GDSM equips general practitioners and family medicine physicians with knowledge and skills to care better for their patients, and puts Singapore in the global exercise medicine initiative to transform healthcare."

Course Director (Clinical), Associate Professor Roger Tian, a senior consultant in Sports Medicine at CGH, added, "Furthermore, there is increasing evidence regarding the role of physical activity in the prevention and management of chronic diseases such as obesity, hypertension, coronary heart disease and diabetes. The skills imparted will enable doctors to use exercise as a tool in the battle against these diseases with confidence."

The programme teaches students how exercise affects people of different age groups and occupations. Besides injury management and prevention, the programme enhances the knowledge of primary care practitioners in sports nutrition, biomechanics, physiology, as well as how to manage exercise prescriptions for the elderly and patients with chronic illnesses.

**Attracting many local and international medical practitioners and clinicians, applications to the inaugural cohort exceeded capacity. Medical practitioners**

**from a wide range of backgrounds have been accepted into the programme.** Among them is Dr Jong Sze Chin, a senior resident in rehabilitation medicine. "I am very interested to join the programme as it is relevant to an area of my work where I work with Paralympic swimmers," said Dr Jong.

Dr Oei Su Kai, a family physician with Oei Family Clinic in Pasir Ris and another course participant, said, "I am honoured to be part of this movement because it will develop better medicine for all Singaporeans, guiding and advising them – from the young to the elderly – towards an active sports and exercise lifestyle."

Drawing on CGH's expertise in sports medicine, the course is conducted via online learning and workshops at LKCMedicine's Clinical Sciences Building, as well as attachments with sports medicine clinics.

Click [here](#) to find out more about the Graduate Diploma in Sports Medicine (GDSM).



A/Prof Fabian Lim (third from right, front row) with the first GDSM class

Contributed by:  
**The Lee Kong Chian School of Medicine**

## Journey in Master of Clinical Research

As a clinical nurse, I greatly appreciate the role of research in the clinical setting. Personally, I feel confident interacting with the patients when my knowledge is backed by evidence-based practices. I am glad that with the encouragement and mentorship of Ms Brenda Lim, Head of Nursing, National Skin Centre (NSC), I received the scholarship from the National Institute for Health Research, United Kingdom (UK). The award has supported me in completing the Master of Clinical Research (MClinRes) with The University of Manchester, UK.

**My MClinRes course was rigorous with the weekly course work that covered a breadth of in-depth clinical research topics.** This learning journey was made more daunting as I was working full-time, despite the course requiring part-time involvement of 20 over hours per week. Having to juggle the extensive reading materials

from the course and on-going dissertation data collection, this was probably one of my most challenging research experiences thus far.

**Besides the gain in vast clinical research knowledge, I have also intangible gain in time management skills and interaction experiences with the UK counterparts.** I am glad that I have had the chance to present my poster at the Singapore Health Biomedical Congress (SHBC) and the paper was published with the British Dermatological Nursing Group. **This learning experience is only a start to a life-long learning journey,** and I hope to increase the role and recognition of Dermatological Nursing in Asia through publication.

Currently, on top of my clinical and nursing informatics duties, my role as a research lead

nurse in NSC is to chair the dermatological nursing journal club, encouraging and guiding fellow colleagues to read and critic relevant papers, and facilitating nursing students in their research learning needs. I am also involved in the National Healthcare Group Nursing Research Council, working to harmonise and propel nursing research forward. This journey will be a strenuous one, but I am looking forward to conquer the challenges that come along to share my knowledge and learning experiences!



Contributed by:  
**Mr Chua Rongyue Ryan**  
Senior Staff Nurse  
NSC

### Training Calendar

| Date              | Training Courses  | Course Provider |
|-------------------|---|-----------------|
| Monthly           | Good Clinical Practice (Online)   | NHG RDO         |
|                   | (PCR100) Study Start-Up: Budgeting, Case Report Form Design and Database Design*          |                 |
|                   | (PCR200) Study Conduct I: Subject Recruitment and Informed Consent*                       |                 |
|                   | (PCR300) Study Conduct II : Documentation, Safety Reporting and Investigational Products* |                 |
|                   | (PCR400) Monitoring, Audits and Inspections*  |                 |
| 07 Dec 18         | Basic Grant Writing   | TTSH CRIO       |
| 15 Jan 19         | How to Start a Research Project (Advance)   |                 |
| 31 Jan - 1 Feb 19 | Basic and Intermediate STATA Workshop   |                 |
| 28 Feb - 1 Mar 19 | Good Clinical Practice (Classroom)  | NHG RDO         |

\*Blended learning courses involving Online Lectures coupled with a Classroom Workshop on a stipulated date.

Dates are subject to changes without prior notice.

For registration and full details on courses by:

~ NHG Research & Development Office (RDO), please visit [www.research.nhg.com.sg](http://www.research.nhg.com.sg) (Training & Education → Register for Courses and Other Events)

~ TTSH CRIO, please contact Ms Siti Aisha Binte Jaffar [Siti\\_Aisha\\_JAFFAR@ttsh.com.sg](mailto:Siti_Aisha_JAFFAR@ttsh.com.sg)

**Qualité**

(Issue 35, Nov 2018)

Education to facilitate high standards of research conduct

**Common Observations from Monitoring Visits: Documentation of Informed Consent**

*The NHG Monitoring Programme for Human Biomedical Research (HBR) Full Board Studies involve on-site monitoring visits. Some of the common monitoring observations are associated with documentation of informed consent*

*Click [here](#) to find out more.*

Corrections and Clarification - Issue 34 (Aug/Sep 18)



An article in Issue 34 (Aug/Sep 2018) on The Academic Respiratory Initiative for Pulmonary Health featured a photograph with an erroneous caption. The first member from the left should be Asst Prof Phua Ghee Chee (SGH). We apologise for the error.