

New Normal ?

The Singapore Occupational Therapy Community's Experience



Florence Cheong & Lim Hua Beng

WFOT Delegate & 2nd Alternate Delegate

Singapore Association of Occupational Therapists

florence_cheong@ttsh.com.sg

huabeng.lim@singaporetech.edu.sg

Contributions from Jessica Hooi, Patrick Ker and SAOT Council



Contents

Adapting Pre-registration
Occupational Therapy Education



Adapting Practice



Occupational Therapy Mental
Health Program

Occupational Therapy in Singapore (31 Dec 2020)

Age	%	Gender	%	Nationality	%	Settings	%
20 - 29	33.6	Male	16.3	Singapore/ Resident	83.3	Acute Hospitals	35.7
30 – 39	44.9	Female	83.7	Non-citizen	16.2	Community Hospitals	13.3
40 – 49	16.6					Community Agencies	22.5
50 – 59	4.1					Private Practices	13.3
60 and above	0.8	Registration Type	%	OT Qualifications	%	Academic Institution	0.9
Employment	%	Full	90.6	Singapore	60.8	Government/ Agencies	1.2
Full Time	79.5	Conditional	9.0	Australia	12.9		
Part Time	7.4	Restricted	0.2	India	6.0		
Retired/Stud-ies	13.1	Temporary	0.2	Others	20.3		

1304 Registered Occupational Therapists in Singapore (31 December 2020)

6.3% annual growth from 2019 to 2020



Occupational Therapists Manage COVID-19 Patients

- **Cover COVID-19 wards**
- **Provide service to patients discharge to Rehab Wards**

Soh Yan Ming, Principal Occupational Therapist & Head, Occupational Therapy, Tan Tock Seng Hospital Rehab Services
Return to work focused session with Mr Sarker who underwent 5-month hospitalization with COVID-19 complications

Soh Yan Ming undertook a 6 week clinical education placement with Ota Sensei Sapporo Medical University Hospital, 2005

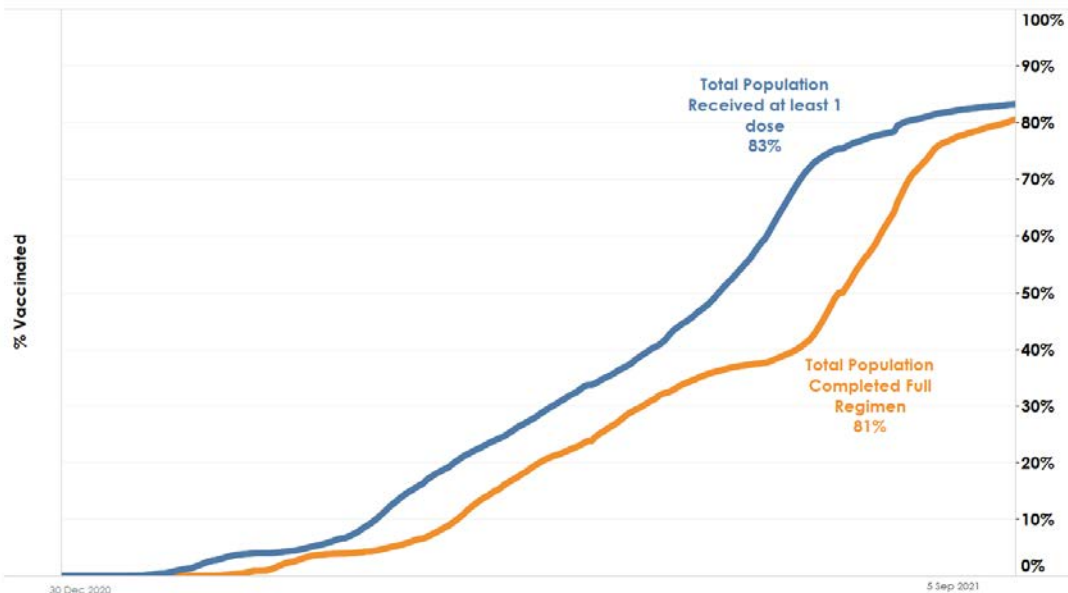


COVID-19 State of Affairs in Singapore (6 Sept 2021)

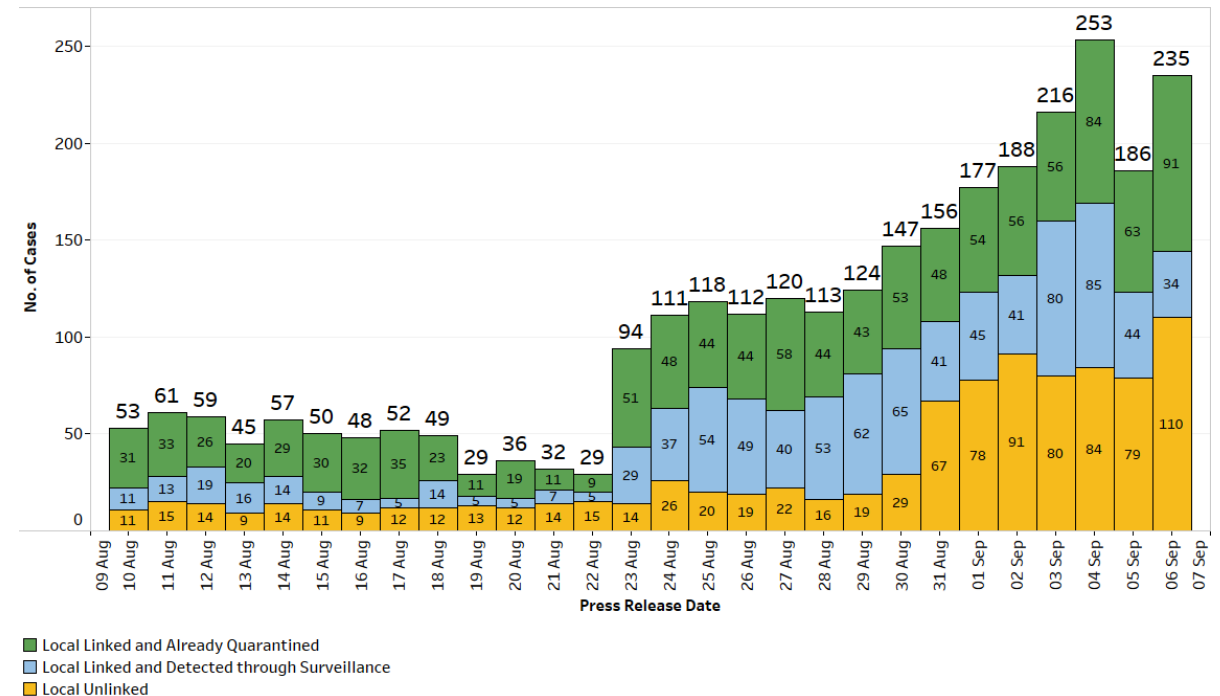
- **66,478 total cases**

- 6 in ICU
- 631 in Hospitals
- 1490 in Community Facilities
- 66,719 Discharged

- **55 demised**



- **241 cases, 235 local, 6 imported**
- **81% of population fully vaccinated**
- **83% one dose**



Adapting Pre-registration Occupational Therapy Education

- Academic Year (AY) 2020 cohort (Sept 2020) experienced orientation and education fully during COVID-19 phase
- AY2019 cohort online experienced one trimester in normal times
- No delay in graduation
- Clinical Placement Education for AY2017 cohort reduced from 1200 to 1100 hours



Impact on Education

Module Delivery & Assessment

- Social Distancing
- Assessment & Exams

Clinical Practice Education

- Unable to commence
- Delayed
- Low caseload
- Tele-rehab?

Research

- Data collection impacted

Module Delivery

- **Following MOE social distancing rules for Institutions of Higher Learning:**
 - SIT Cohort Size \approx 110 students
 - Lectures, Tutorials, Seminars online
 - Laboratory (but class size $<$ 50)
- **Conversion of content online**
 - Synchronous and Asynchronous Lectures (Zoom/MS Teams) housed within LMS System (Brightspace)
 - University provided faculty with subscriptions and training
 - Problem Based and Team Based Learning trialed on line
- **Application for accreditation body's accommodation for increased online content/module**
- **University's teaching and learning unit surveys student on on-line learning**

Ensuring
all have
ACCESS



Module Assessment

- **Written Assessments/Exams went online with lockdown browser and respondus monitor**
- **Use of platforms on Brightspace, Learning Catalytics, Gradescope**
- **OSCE and Practical Examinations continued with precautions:**
 - Scheduling
 - Initially using external examiners from one clinical setting
 - All examiners, students, standardized patients need to undergo antigen rapid test

Clinical Practice Education

- Resequencing of curriculum
- Coordinated by MOH with specific contact person
- Healthcare faculty and students were one of the first to be vaccinated in Jan 2021
- MOH assisted in PPE procurement
- Liaison with Education Development Office, Early Childhood Development Agency, Agency of Integrated Care
- Students rostered for Regular Routine Testing
- Student Engagement
- Students only delayed by one block in 2020
- Implementation of Entrustable Professional Activities delayed



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

MOH Circular No. 03/2021

13 January 2021

Please refer to Distribution List

**UPDATED GUIDANCE ON CLINICAL TRAINING, ASSESSMENT AND RESEARCH
ACTIVITIES FOR HEALTHCARE STUDENTS IN PHASE THREE OF POST-
CIRCUIT BREAKER PERIOD FOR COVID-19 PANDEMIC**

This Circular sets the guiding principles for the safe conduct of essential clinical training¹, assessments² and research activities for all healthcare students³ ("Students") in Phase Three of the post-circuit breaker period. For training, assessment and research activities for Students held in campus, Ministry of Education's and/or Schools⁴ guidelines must be complied with, where appropriate.



Research & Student Life

- **Guided by MOH and IRB guidance on research activities**
- **Data collection stalled**
 - Unable to collect data F2F with patients and in the community in 2020
 - Interviews were conducted online for qualitative research
- **Some student research projects converted to systematic reviews**
- **Cessation of F2F student activities with some online activities**
- **SAOTSC activities went online**



Activities in the practice settings in response to COVID-19

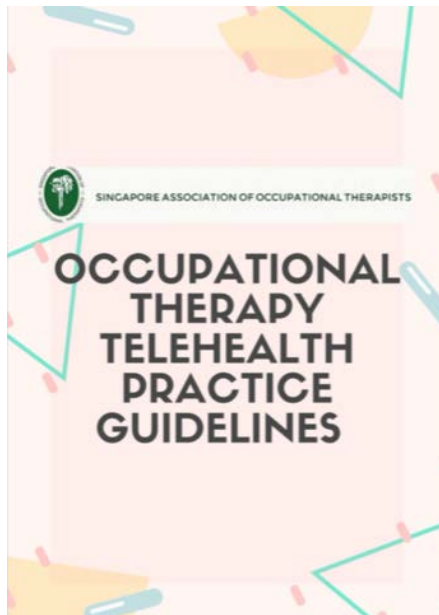
Dialogues with Ministry Of Health (MOH)

- SAOT and other associations **dialogued** with MOH during this Covid-19 circuit breaker in 2020
- SAOT has been our **essential link** and very **active voice** to MOH and Chief Allied Health Office (CAHO)
- For SAOT, **advocacy** has taken place through CAHO. One such achievement is the resumption of critical HDB EASE installations which had stopped when the circuit breaker started, as contractors were not able to enter residents' premises due to safe management measures. This impacted the discharges of patients who required the home modifications to be installed before they discharge home.
- MOH and CAHO emails out **guidances** to allied health professionals promptly



At the association

- Launched **Telehealth Practice Guidelines** in April 2020
- Launched **SAOT Resource Paper** on Home Environmental Safety & EASE Applications during Enhanced Safe Distancing & Public Health Measures in April 2020
- **Special Interest Group** sharing on managing stress and burnout in healthcare professionals during Covid



SAOT Resource Paper

Home Environmental Safety & EASE Applications during Enhanced Safe Distancing & Public Health Measures: April 2020



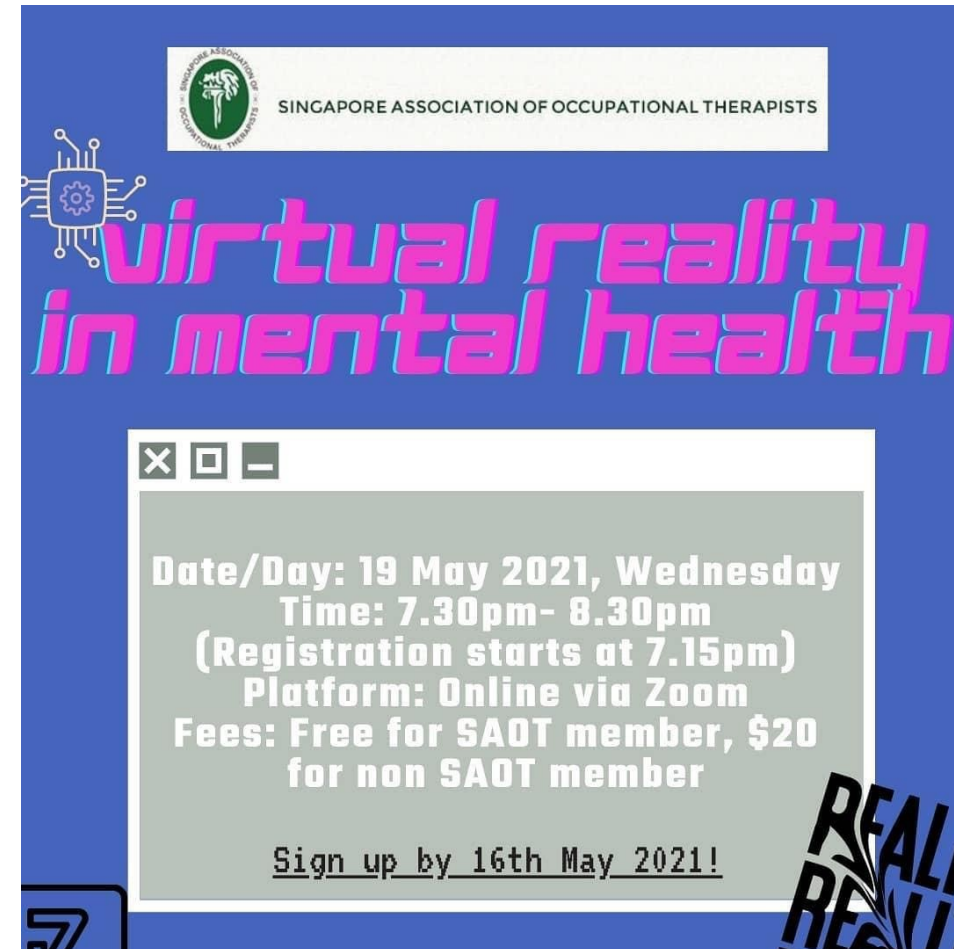
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Zoom meetings are the norm now....



At the workplace – working in hospitals

2020 :

- Segregation, split teams
- WFH if possible
- PPE : N95 and eye protection
- Zoom meetings
- OTs supported :
 - national swabbing efforts @ screening centres
 - basic medical care @ foreigner workers' dormitories and community isolation facilities
 - manning the National Care Helpline
 - developing brochures on how to spend time meaningfully during COVID

2021 :

- Vaccinations at the workplace
- Rostered Routine Testing every 14 days



At the workplace – patient care @ hospitals

2021:

- Inpatients to have masks on (except for medical/dental assessment and provision of treatment/therapy)
- Stopping of group therapy activities
- Restrictions for home visits
- Tele or remote consultations are encouraged when possible
- Antigen Rapid Testing (ART) for caregivers who come to hospitals for caregiver trainings

3. Self-help Tools

- Covid Migrant Support Coalition
<https://www.sgmigrant.com/>



- You can select your preferred language:
Bengali, Tamil, English

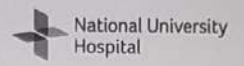


- Free smart phone apps
 - Relaxation: Headspace (iOS, Android), Relax Melodies (iOS)/ Relax Lite (Android)
 - Activities: Happy Colour by Numbers, Colorfy
 - Journaling: Day One

National University Hospital
5 Lower Kent Ridge Road
Singapore 119074
Tel: (65) 67795555
Website: www.nuh.com.sg

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How to Spend Your Time Well COVID-19

Rehabilitation Centre
Occupational Therapy Section

NUH OT Brochure

1. Introduction

The unfamiliar environment and the disruption to your usual routine can result in physical and mental inactivity, affecting your mood.



Activity scheduling is important to create a new routine to improve your health and well-being.

Engage in activities that you enjoy!



2. Tips for you

1. Be Active

- Do some physical exercise
- Read a book / newspaper
- Start journaling
- Try colouring
- Learn a new skill e.g. language, singing, dancing
- Solve some brain teasers e.g. sudoku, word search



2. Stay Connected

- Call / text your family and friends
- Write a letter(s)
- Use social media e.g. Facebook



3. Rest & Relax

- Do self-meditation
- Do deep breathing exercises
- Listen to soothing music



4. Good lifestyle habits

- Have regular meals and eat healthily
- Have adequate sleep



Singapore Association of Occupational Therapists



TTSH Stay In Health

OT Work Smart, Play Hard Program

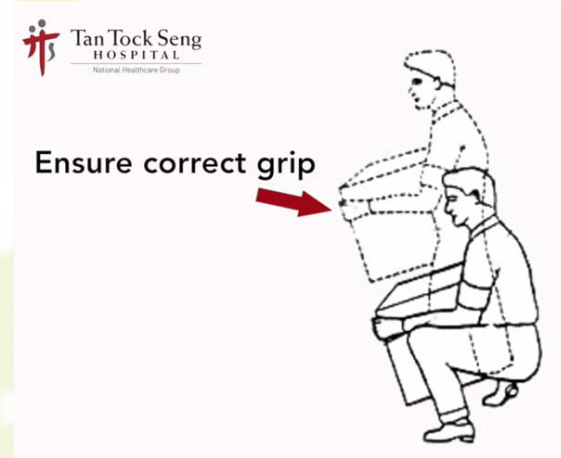


Objectives

- Educate migrant workers on safe lifting techniques for back care at work
- Engage the migrant workers in dance incorporating safe lifting techniques and simple stretches and/or activities of daily living (ADL)
- Engage migrant workers in cognitive stimulating games for cognitive and social interactions

Activities

- Education on safe lifting techniques at work
- Engagement in cognitive stimulating games and promoting social interactions (e.g. Sudoku, Jenga, Uno, etc)
- Introduction of activity / game box for all to use (i.e. donated games)
- Development of activity booklet (e.g. cognitive stimulating games, relaxation techniques, useful resources, etc)



Outcome Measures



- Participants' overall mood were generally more positive than negative (i.e. very happy and happy 85%)
- Participants feedback were generally positive and most enjoyed the dancing portions and games

At the workplace – working in community settings

- Adherence to safety measure advisories from health authorities
- Meetings moved online
- Work in split teams
- Working from home when possible
- Full PPE when needed
- Vaccinations at the workplace
- Routine Testing every 7-14 days



At the workplace – client care @ community settings

- Move part of the therapy services to tele-practice mode
- Increase in consultative roles as well towards caregivers and other stakeholders in client care
- Reduction in number of clients in group therapy session
- Reduction of home visits on needs and priority basis
- Regular Antigen Rapid Testing (ART)
 - For OTs
 - For Visitors
 - For Caregivers



Covid-related Publications



Letter to the editor

Minimizing infectious spread during fabrication of casts and orthotics for hand fractures in COVID-19 patients

Dear Editor,
COVID-19, caused by infection with the novel coronavirus SARS-CoV-2, is a highly contagious disease, which as of April 30, 2020, had infected 3 million people and caused 217,769 deaths worldwide within a short span of 4 months since the first diagnosis was reported in Wuhan, China, in December 2019 [1]. Its rapid spread across continents led the World Health Organization (WHO) declaring a global pandemic on March 11, 2020. The disease has affected all aspects of healthcare, placed unprecedented acute strain on healthcare systems, utilized immense resources and led to major policy and organizational changes.

The focus of efforts is undeniably concentrated on treatment and supportive care for infected patients. Although the disease primarily affects the respiratory tract, it can deteriorate into pneumonia, acute respiratory distress syndrome and ultimately multi-organ failure. However, patients with COVID-19 can present other concomitant urgent conditions such as trauma and surgical and oncologic emergencies.

COVID-19 – positive patients with hand fractures, among other conditions, are referred to the Hand and Reconstructive Microsurgery unit in our hospital. Internationally, surgeons have limited the possible indications for surgery, decreased clinic visits and proposed alternatives to surgery [2]. Conservative treatment of fractures in COVID-19 – positive patients increased due to resource constraints coupled with surgeon and patient preferences [2]. Thermoplastic splints and casts serve as a valuable treatment modality to maintain fracture reduction and provide temporary immobilization. Other advantages are being simple to apply, accommodate swelling, allow for protected movement, and hygiene. Such splints and casts are also an option for patients unable to tolerate casting due to wounds or skin sensitivity.

However, the option of conservative treatment does not eliminate occupational health risk because the healthcare provider still comes into contact with the patient for a substantial amount of time to administer treatment and rehabilitation. This contact risks prolonged exposure to COVID-19 spread by droplet transmission and interaction at close proximity. Cautionary guidelines were published for trauma surgeons operating on COVID-19 – positive patients [3], but less attention is given to similar guides addressing conservative management of fractures targeted at physicians and therapists caring for these patients. Although the International Society for Prosthetics and Orthotics guidelines provide a useful reference for outpatients attending prosthetics and orthotics clinics during the pandemic [4], a gap in knowledge remains regarding bedside casting and splinting workflows for the COVID-19 – positive patient.

<https://doi.org/10.1016/j.apmr.2020.07.001>
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To minimize occupational health risks due to infective transmission from a COVID-19 – positive patient, we describe our experience with thermoplastic splint fabrication for conservative treatment of hand fractures in COVID-19 – positive patients in a tertiary care hospital. We also give practical tips for physicians and therapists involved in the care of this specific group of patients, in particular how to minimize interaction exposure time and reduce difficulties during the splint fabrication process.

The highly contagious spread of COVID-19 is postulated to be through droplet spread, and the WHO recommends airborne, droplet and contact precautions [5]. The particle size is estimated at about 0.125 μm (125 nm, range 0.06–0.14 μm) [2] and the viral burden may remain aerosolized in the air for 3 hr and on surfaces for up to 48 to 72 hr [6]. Contamination of the face, skin and mucosa is to be avoided. Hence, personal protective equipment (PPE) with gowns, gloves, N95 masks, face shields or goggles and surgical caps or hoods are recommended protection for prolonged close contact in hospitals [5]. Patients with suspected or confirmed COVID-19 should wear a mask as well [7].

Training in PPE donning and doffing and observing hand hygiene is essential for reducing the infection risk and preventing self-contamination. Healthcare workers contracting COVID-19 comprise 9% to 18% of all cases [8]; 20% of frontline healthcare workers are predicted to become infected [9,10]. Despite variations in the types of PPE used and the re-gowning frequency, the proportion of infected healthcare workers is low with strict PPE procedures [11]. Hence, appropriate PPE is essential during patient interaction time so as to reduce occupational health risks. A protective gown, gloves, N95 mask, surgical cap and eye shields are worn during patient interactions. Our hospital adopted coronavirus testing of medical staff who are ill with fever or respiratory symptoms after interaction with positive and suspected COVID-19 – positive patients, mandating compulsory medical leave for 1 week. This protocol allows staff to be confident of their diagnosis and ensure safety of other staff and patients.

The patient with COVID-19 is lodged in an isolation ward or may be housed with other COVID-19 – positive patients in a COVID-19 – positive cohort ward. Moving or transporting patients outside their assigned areas is avoided.

We prepare a list of the following items that will be needed for the splint/cast fabrication process:

- large plastic basin;
- scissors or shears;
- inner stockinette layer;
- pressure foam, as necessary;
- cleansing wipes;
- patient care instruction sheet;
- pre-molded thermoplastic splint and Velcro straps and hooks to secure the splint or plaster of Paris slab cut and layered within cotton wool and crepe bandage.



World Federation of Occupational Therapists Bulletin

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/oytb20>

Embracing telehealth: supporting young children and families through occupational therapy in Singapore during COVID-19

Hepsi Priyadharsini & Jing Jing Chiang

To cite this article: Hepsi Priyadharsini & Jing Jing Chiang (2020) Embracing telehealth: supporting young children and families through occupational therapy in Singapore during COVID-19, World Federation of Occupational Therapists Bulletin, 76:2, 90-93, DOI: 10.1080/14473828.2020.1822574

To link to this article: <https://doi.org/10.1080/14473828.2020.1822574>

Published online: 25 Sep 2020.

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Citing articles: 1 View citing articles

Training Programs

- Continuous Professional Development, training programmes (courses and lectures) have moved online and responses have been good. Participants for online lectures (organised by PGAHI for allied health professionals and OTs) have more than doubled compared to physical lectures.

SGH PGAHI
POSTGRADUATE
ALLIED HEALTH INSTITUTE

Influencing Behaviour in Dementia Care Through Person-centred Approach (Part 1)

18 – 19 Oct & 18 Nov 2021

Introduction
This course focuses on the person-centred approach to address responsive behaviours of persons with dementia using the Enriched Model of Dementia Care plan.

Course Objectives

- 1) Define what it means to be person-centred in a care setting
- 2) Use person-centred approach to address responsive behaviours of persons with dementia.
- 3) Apply the Enriched Model of Dementia to influence behaviour to promote dignity and respect for people with dementia.

Course Outline

- 1) Experiential Activity
- 2) Unpacking Person-centred Care (PCC) Principles through
 - Defining PCC using VIPS framework and
 - Identifying barriers to implementing VIPS in care setting
- 3) Using the Enriched Model of Dementia to address responsive behaviours
 - Defining responsive behaviours
 - Adapt the Enriched Model of Dementia to explain the responsive behaviours
 - Formulate PCC interventions to address the responsive behaviours
- 4) Assessment: Presentation of Case Study
 - Apply the Enriched Model of Dementia to influence behaviour to promote dignity and respect for people with dementia

Teaching Faculty
Ms. Lim Hwee Er
Director and Occupational Therapist Consultant
Goshen Consultancy Services Pte Ltd

Hwee Er holds a Masters of Health Service Management (University of Sydney) and a Bachelor of Health Sciences (Hons) (OT) (University of Teesside, UK). As an occupational therapist, her years of clinical experience working with older persons of various geriatric/psychogeriatric conditions spans from hospitals to community services including nursing homes, day centers and home-based services. She has vast experience providing consultancy services in planning and implementing specialized services and introduction of innovative tools to improve eldercare services.

Course Details
Date & Time : Theory & Discussion
18 – 19 Oct 2021, 9.00 am – 1.00 pm
18 Nov 2021
9.00 am to 12.30 pm / 1.30 pm – 5.00 pm
(Participants will be grouped into one of the 2 presentation slots)
Duration : 3 half days
Class size : 16 pax
Device required : Laptop/ Desktop (with microphone, speaker and webcam)
Platform : Zoom Cloud Meetings (Meeting details will be provided at a later date)
Fee : \$5500 (SingHealth staff/ SAOT or SPA Member)
\$5500 (Regular) (inclusive of 7% GST)
Target Audience : Healthcare Professionals working in Dementia Care setting.
Registration : To register, scan the following QR code or click on the web link.
Registration closes on 24 Sep 2021, Friday.
<https://form.gov.sg/6087151acc00011458325>
Upon registration, you agree to PGAHI Terms & Conditions

Quick Links
FAQs, PGAHI Programmes, Training Calendar and Directory
Any cancellation or replacement request initiated by confirmed registrant/participant must be conveyed to PGAHI in writing. No cancellation fee is applied if request is received on or before 27 Sep 2021. A cancellation fee of 50% of course fee will be charged if cancellation request is received after 27 Sep 2021. PGAHI reserves the right to cancel the course and fully refund the amount of registration fee paid to the participants should unforeseen circumstances necessitate it.

ALLIED HEALTH PROFESSIONALS

SGH PGAHI
POSTGRADUATE
ALLIED HEALTH INSTITUTE

Continuing Professional Development Lecture: Overview of Workplace Ergonomics

31 August 2021

Synopsis
Knowing how to apply ergonomics at work can help prevent musculoskeletal disorders and improve productivity. This lecture serves to help participants understand and apply the principles of ergonomics to workplaces. The lecture will cover the use of tools and methodologies commonly used to assess risk factors in office and industrial settings. He will also be sharing recommendations for setting up ergonomic workstations.

Lecture Details
Date : 31 August 2021, Tuesday
Duration : 60 minutes
Time : 6.00 pm – 7.00 pm
Fee : Complimentary
Platform : Zoom Cloud Meetings

Target Audience
All allied health professionals

Registration
To register, scan the QR code or click on the web link.
Registration closes on 30 July 2021, Friday.
<https://form.gov.sg/608c360c6040c0012171759>

Speaker
Patrick Ker
Senior Principal Occupational Therapist
Singapore General Hospital

Patrick Ker is a Senior Principal Occupational Therapist at the Singapore General Hospital (SGH) and an ergonomic consultant to SGH safety network. He holds a Master of Science & Technology in Ergonomics. His clinical practice includes providing treatment for people with musculoskeletal disorders.

Patrick pioneered the development of ergonomics consultancy services in SGH. He was involved in the development of the Singapore Standard Code of Practice for Office Ergonomics and the Code of Practice for Manual Handling. He also assisted the Ministry of Manpower in the development of ergonomics guidelines for the hotel and logistic industries.

As a specialist in this clinical area, he regularly conducts ergonomics consultations, evaluations and training within SGH and for external companies and organisations.

Quick Links
FAQs, PGAHI Programmes, Training Calendar and Directory
Upon registration, you agree to the following Terms & Conditions.
Limited to 500 participants per lecture.
This lecture will be conducted via Zoom Cloud Meetings app. For ease of accessing the lecture, please download/update Zoom Cloud Meetings app.
Details of the lecture meeting link will be sent to the successful registrants nearer the lecture date.

ALLIED HEALTH PROFESSIONALS

CAPE CENTRE FOR
Allied Health &
Pharmacy Excellence

ALLIED HEALTH INTEGRATIVE NETWORK (AHINET) Online Zoom Course

Competencies for Occupational Therapists in Facilitating Return to Work (RTW)

28 AND 29 OCT 2021 | THU AND FRI | 2 DAYS | \$700 (SAOT MEMBER), \$770 (NON-SAOT MEMBER) | ZOOM CLOUD MEETINGS APP

Synopsis:
“How do we facilitate our patients in RTW after a medical condition or injury?” “What can we do to optimise their work performance and participation?”
This 2-day online workshop builds on the prior knowledge of Occupational Therapists (OTs) on the dynamic relationship between person, environment and occupation, and equips participants with the principles and best practices in occupational rehabilitation. At the end of the course, participants will develop core competencies in occupational assessment and rehabilitation and expand their tool kit of intervention strategies in enabling patients with physical and cognitive deficits to successfully RTW.

Learning Objective:
At the end of the workshop, the learners will be able to:

1. Understand the barriers and facilitators of RTW using the Work Disability Prevention model
2. Conduct an initial occupational rehabilitation assessment to plan RTW goals
3. Select therapeutic RTW interventions and strategies to improve work ability and achieve RTW goals
4. Practice useful communication techniques when facilitating RTW

Target Audience:
Occupational Therapists working with the adult population

Programme:

Day/Time	Content
Day 1: 8.30AM – 5.00PM	<ul style="list-style-type: none"> • Role of OT in facilitating RTW • Model of RTW • Clinical interviewing • Assessment of physical, cognitive and work capacity
Day 2: 8.30AM – 5.00PM	<ul style="list-style-type: none"> • Interventions that facilitate RTW • Best practices in Occupational Rehabilitation • Communication strategies with stakeholders • Conflict resolution

Registration:
Please find registration link and QR code for the online Zoom course here:
<https://tinyurl.com/wmb62zw>

Speakers:
Ms Joanna Giam Yu Ting
Principal Occupational Therapist, TISH
(MSc, Our Health with Dist, BSc(Hons) OT)
Joanna is the main OT in the department, managing work rehabilitation services for patients with various medical conditions for over 9 years. Having a strong interest in helping patients RTW while minimising occupational injuries, she is active in conducting functional capacity evaluations for job employment and medico-legal purposes, as well as conducting ergonomics assessments and workshops for corporate organizations in various industries. Her Masters in Occupational Health has enabled her to lead a lot of the prevention and control of work-related health and understand its effect on work.

Ms Soh Yanning
Principal Occupational Therapist, TISH
(Diploma Course, B OT)
Yanning has over 9 years of clinical experience in the rehabilitation of individuals with stroke and acquired brain injuries, assisting them to regain their living skills and return back to community. Being one of her roles include the conduct of pre-employment assessments, workplace assessments, RTW coordination and development of RTW strategy. As a result, many patients to return to their employment. Vocational rehabilitation is an ongoing step-by-step process for Yanning. Her postgraduate studies in Rehabilitation Counselling had allowed her to further develop these skills.

OT Mental Health program during COVID-19

National CARE Helpline

- Face to face therapy services were suspended during lockdown period
- OTs who worked in the mental health setting and could not provide face to face therapy services, assisted in manning of the National CARE Helpline
 - Provide emotional and psychological support to those affected by the COVID-19 pandemic.

“Virtual Ward Rounds”

- OTs together with their multidisciplinary team conducted virtual reviews sessions for nursing homes they are supporting
- Able to provide timely inputs and recommendations to nursing home staff despite restrictions in on-site visits
- Supports safety management measures introduced by the ministries by reducing cross centres face to face interactions



OT Mental Health program during COVID-19

Taking Outpatient Services Online

- Started support groups online for clients who are/have
 - Working
 - Stopped work temporarily due to the pandemic
- Job exploration and stress management online groups for clients were also started

Bringing the Profession Together

- SAOT organised a online Special Interest Group for healthcare professionals in Oct 2020
 - “Preventing stress and burnout in healthcare professionals during the Covid-19 pandemic, focusing on self care techniques and practice of mindfulness.”*
- Our colleagues from the Singapore Physiotherapy Association joined us in this talk as well.



OT Mental Health program during COVID-19

“A Balancing Act”

OTs continues to **be creative** and **adapt** their service delivery mode and intervention plans to **balance** between adhering to the escalation and de-escalation of safety management measures and to the importance in maintaining momentum of therapy.



Thank You

Stay Safe



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The Singapore Occupational Therapy Community's Experience



Florence Cheong & Lim Hua Beng

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Health Program



Singapore's COVID-19 Timeline

First confirmed case: Jan 23, 2020	First cluster: Feb 4, 2020	DORSCON Orange: Feb 7, 2020	First two deaths: Mar 21, 2020	Circuit Breaker: Apr 7, 2020
Phase One Reopening: Jun 2, 2020	Phase Two Reopening: Jun 19, 2020	Vaccination Drive Kickoff: Dec 21, 2020	Phase Three Reopening: Dec 28, 2020	First case of COVID- 19 re-infection: 6 Feb, 2020
First fully-vaccinated case: 29 Apr, 2021	Phase 2 (Heightened Alert): 16 May, 2021	PM Lee announced COVID-19 endemic: 31 May, 2021	Phase 3 (Heightened Alert) Step One: 14 Jun, 2021	Phase 3 (Heightened Alert) Step Two: 21 Jun, 2021
	Phase 2 (Heightened Alert): 20 July, 2021		Phase 2 Transitioning out of Phase 2: 7 Aug, 2021	

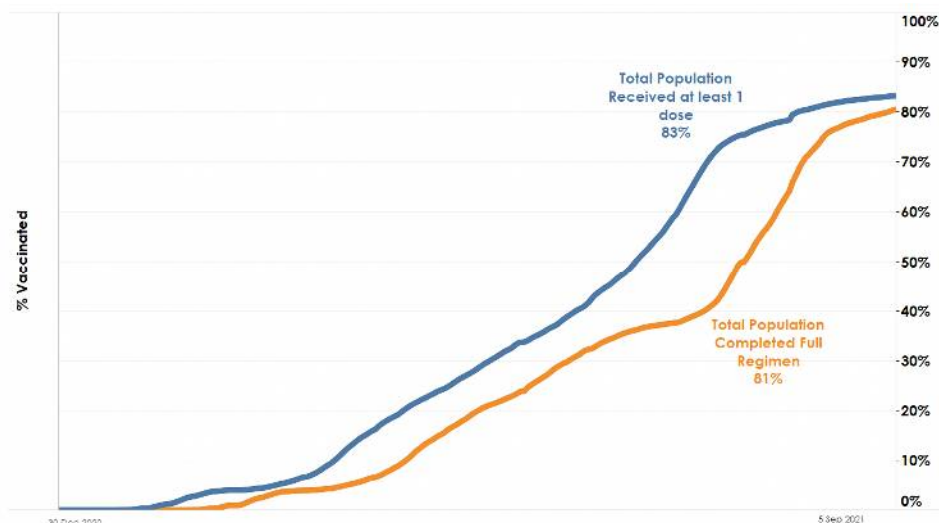


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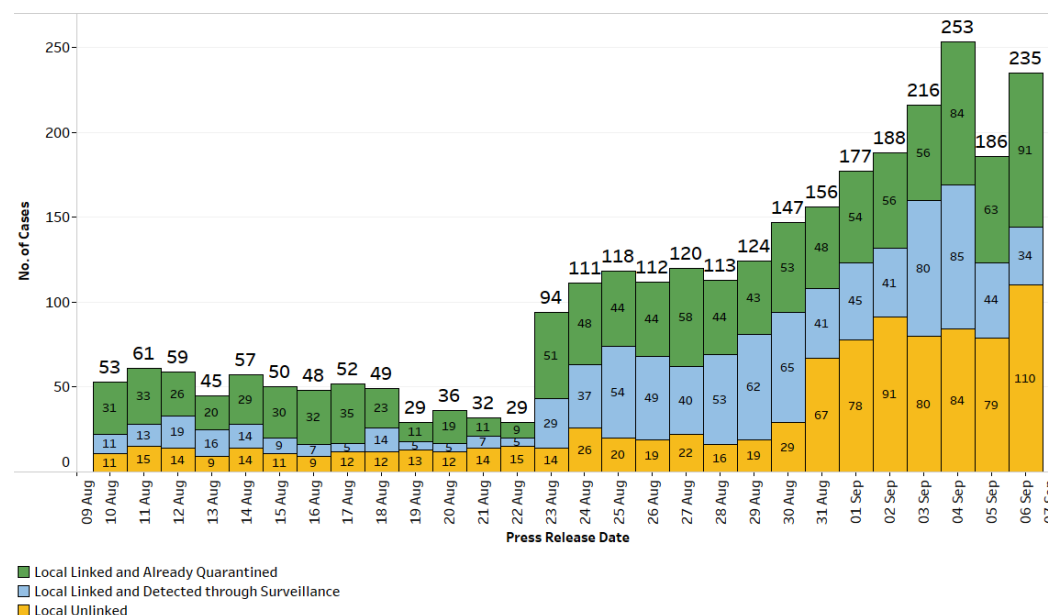
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- 66,719 Discharged

- **55 demised**



- **241 cases, 235 local, 6 imported**
- **81% of population fully vaccinated**
- **83% one dose**



Moving Forward in Singapore

- Vaccination
- Contact tracing aided by Trace Together App/Token
- Rapid Ring Fencing of Clusters
- Regular Routine Testing
- Mask
- Self responsibility



Adapting Pre-registration Occupational Therapy Education

- Academic Year (AY) 2020 cohort (Sept 2020) experienced orientation and education fully during COVID-19 phase
- AY2019 cohort online experienced one trimester in normal times
- No delay in graduation
- Clinical Placement Education for AY2017 cohort reduced from 1200 to 1100 hours



Impact on Education

Module Delivery & Assessment

- Social Distancing
- Assessment & Exams

Clinical Practice Education

- Unable to commence
- Delayed
- Low caseload
- Tele-rehab?

Research

- Data collection impacted



Module Delivery

- **Following MOE social distancing rules for Institutions of Higher Learning:**
 - SIT Occupational Therapy Cohort Size \approx 110 students
 - Lectures, Tutorials, Seminars online
 - Laboratory (but class size < 50)
- **Conversion of content online**
 - Synchronous and Asynchronous Lectures (Zoom/MS Teams) housed within LMS System (Brightspace)
 - University provided faculty with subscriptions and training
 - Problem Based and Team Based Learning trialed on line
- **Application for accreditation body's accommodation for increased online content/module**
- **University's teaching and learning unit surveys student on on-line learning**

Ensuring
all have
ACCESS



Module Assessment

- **Written Assessments/Exams went online with lockdown browser and respondus monitor**
- **Use of platforms on Brightspace, Learning Catalytics, Gradescope**
- **OSCE and Practical Examinations continued with precautions:**
 - Scheduling
 - Initially using external examiners from one clinical setting
 - All examiners, students, standardized patients need to undergo antigen rapid test

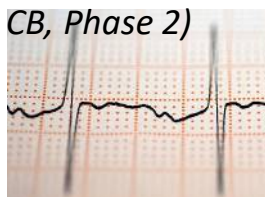


(Slide courtesy of SIT Clinical Practice Education Committee, A/Prof Rahizan)

Our Journey in 2021 → from Phase 2 HA to HRW/HRA



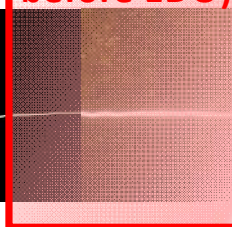
Jan
Phase 3
MOH Cir.
3/2021
(recovering from
CB, Phase 2)



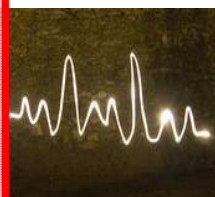
Apr 28
TTSH Cluster
Phase 2 HA
MOH Cir.
62,62A/2021



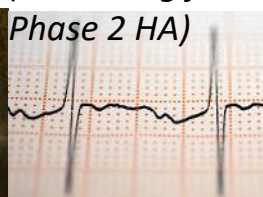
**Confusion,
time lag in
comms (SIT
before EDO)**



**RRT
advisory**



June-July
Phase 3
MOH Cir.
85/2021
(recovering from
Phase 2 HA)

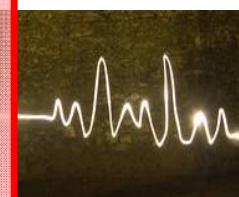
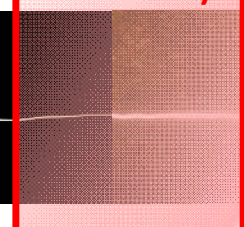


July 12 KTV
Cluster

Phase 2 HA
MOH Cir. 96/2021
+ email advisory
(for students) on
21 July



**Confusion,
time lag in
comms (EDO
before SIT)**



- ✓ cross-institution, cross-team movement
- ✓ perform high-risk procedures (and high-risk areas)
- ✓ Entry swab for LTC O/P only and 5 days prior
- ✗ cross-institution, cross-team movement
- ? No new posting to other institutions, cross-campus
- ✗ Posting to TTSH
- ? Entry swab for HCIs and LTCs 48 hours prior
- ? Prevailing AIC, SSA circulars -> ? Need swab, deferment?

Uncertain start date of placement
Entry swab for HCIs and LTCs changed to 72 hours prior
? Categorisation of student groups
✓ No washout
→ ? But washout for previous TTSH students – who?
Inpatients only -> changed to all settings at TTSH – which institutions in TTSH campus?
All
? Operationalising RRT

Community cases SPIKE
HRW/HRA SMS → students return to placements after PH with SMS
Students sent home, but SIT has just gotten the advisory from MOH (little reaction time)

Tightened protocol by sites on students with PUQ – students on HBL
ECDA deferring placements / HBL

HRA-related ART →
? who to do – HCI or SIT supervision. Students be included with HCI ART stations?

Clinical Practice Education

- Resequencing of curriculum
- Coordinated by MOH with specific contact person
- Healthcare faculty and students were one of the first to be vaccinated in Jan 2021
- MOH assisted in PPE procurement
- Liaison with Education Development Office, Early Childhood Development Agency, Agency of Integrated Care
- Students rostered for Regular Routine Testing
- Student Engagement
- Students only delayed by one block in 2020
- Implementation of Entrustable Professional Activities delayed



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

MOH Circular No. 03/2021

13 January 2021

Please refer to Distribution List

UPDATED GUIDANCE ON CLINICAL TRAINING, ASSESSMENT AND RESEARCH ACTIVITIES FOR HEALTHCARE STUDENTS IN PHASE THREE OF POST-CIRCUIT BREAKER PERIOD FOR COVID-19 PANDEMIC

This Circular sets the guiding principles for the safe conduct of essential clinical training¹, assessments² and research activities for all healthcare students³ ("Students") in Phase Three of the post-circuit breaker period. For training, assessment and research activities for Students held in campus, Ministry of Education's and/or Schools⁴ guidelines must be complied with, where appropriate.



Singapore Association of Occupational Therapists

Research & Student Life

- **Guided by MOH and IRB guidance on research activities**
- **Data collection stalled**
 - Unable to collect data F2F with patients and in the community in 2020
 - Interviews were conducted online for qualitative research
- **Some student research projects converted to systematic reviews**
- **Cessation of F2F student activities with some online activities**
- **SAOTSC activities went online**



Occupational Therapists Manage COVID-19 Patients

- Cover COVID-19 wards
- Provide service to patients discharge to Rehab Wards



Soh Yan Ming as a student with Ota Sensei
Sapporo Medical University Hospital, 2005



Soh Yan Ming, Principal Occupational Therapist &
Head, Occupational Therapy, Tan Tock Seng Hospital Rehab Services
Return to work focused session with Mr Sarker with underwent
5-month hospitalization with COVID-19 complications



Activities in the practice settings in response to COVID-19



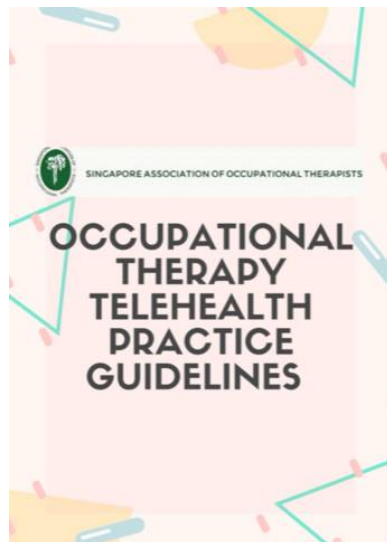
Dialogues with Ministry Of Health (MOH)

- SAOT and other associations **dialogued** with MOH during this Covid-19 circuit breaker in 2020
- SAOT has been our **essential link** and very **active voice** to MOH and Chief Allied Health Office (CAHO)
- For SAOT, **advocacy** has taken place through CAHO. One such achievement is the resumption of critical HDB EASE installations which had stopped when the circuit breaker started, as contractors were not able to enter residents' premises due to safe management measures. This impacted the discharges of patients who required the home modifications to be installed before they discharge home.
- MOH and CAHO emails out **guidances** to allied health professionals promptly



At the association

- Launched **Telehealth Practice Guidelines** in April 2020
- Launched **SAOT Resource Paper** on Home Environmental Safety & EASE Applications during Enhanced Safe Distancing & Public Health Measures in April 2020
- **Special Interest Group** sharing on managing stress and burnout in healthcare professionals during Covid



SAOT Resource Paper

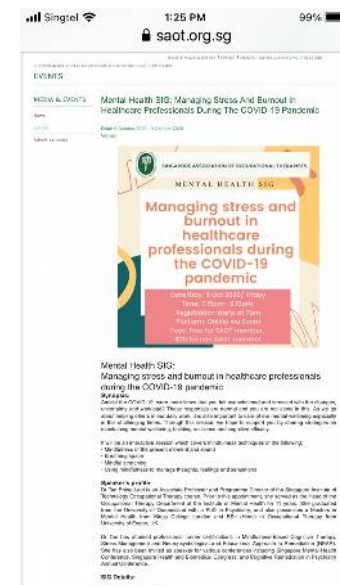
Home Environmental Safety & EASE Applications during Enhanced Safe Distancing & Public Health Measures: April 2020



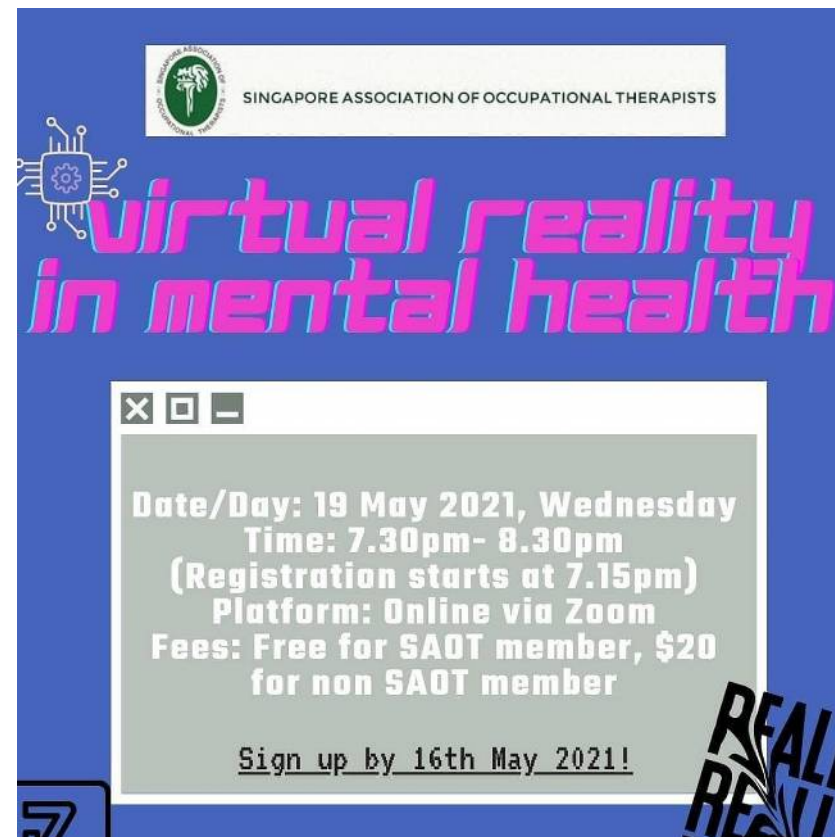
Disclaimer:

The information provided in this guide is current at the date of first publication and is intended for use as a guide/reference only. While every reasonable effort has been made to ensure accuracy of the information, neither guarantee can be given that the information is free from error or omission, nor is the publisher exhaustive of the subject matter. Persons implementing any recommendations contained in this guide must exercise their own independent skill or judgment or seek appropriate professional and legal advice prior to execution.

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Zoom meetings are the norm now....



At the workplace – working in hospitals

2020 :

- Segregation, split teams
- WFH if possible
- PPE : N95 and eye protection
- Zoom meetings
- OTs supported :
 - national swabbing efforts @ screening centres
 - basic medical care @ foreigner workers' dormitories and community isolation facilities
 - manning the National Care Helpline
 - developing brochures on how to spend time meaningfully during COVID

2021 :

- Vaccinations at the workplace
- Rostered Routine Testing every 14 days



At the workplace – patient care @ hospitals

2021:

- Inpatients to have masks on (except for medical/dental assessment and provision of treatment/therapy)
- Stopping of group therapy activities
- Restrictions for home visits
- Tele or remote consultations are encouraged when possible
- Antigen Rapid Testing (ART) for caregivers who come to hospitals for caregiver trainings

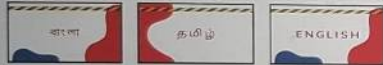


3. Self-help Tools

• Covid Migrant Support Coalition

<https://www.sgmigrant.com/>

- You can select your preferred language:
Bengali, Tamil, English



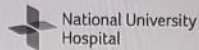
• Free smart phone apps

- Relaxation: Headspace (iOS, Android), Relax Melodies (iOS)/ Relax Lite (Android)
- Activities: Happy Colour by Numbers, Colorfy
- Journaling: Day One

National University Hospital
5 Lower Kent Ridge Road
Singapore 119074
Tel: (65) 67795555
Website: www.nuh.com.sg

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How to Spend Your Time Well COVID-19

Rehabilitation Centre
Occupational Therapy Section

NUH OT Brochure

1. Introduction

The unfamiliar environment and the disruption to your usual routine can result in physical and mental inactivity, affecting your mood.



Activity scheduling is important to create a new routine to improve your health and well-being.

Engage in activities that you enjoy!



2. Tips for you

1. Be Active

- Do some physical exercise
- Read a book / newspaper
- Start journaling
- Try colouring
- Learn a new skill e.g. language, singing, dancing
- Solve some brain teasers e.g. sudoku, word search



2. Stay Connected

- Call / text your family and friends
- Write a letter(s)
- Use social media e.g. Facebook



3. Rest & Relax

- Do self-meditation
- Do deep breathing exercises
- Listen to soothing music



4. Good lifestyle habits

- Have regular meals and eat healthily
- Have adequate sleep



Singapore Association of Occupational Therapists



TTSH Stay In Health

OT Work Smart, Play Hard Program

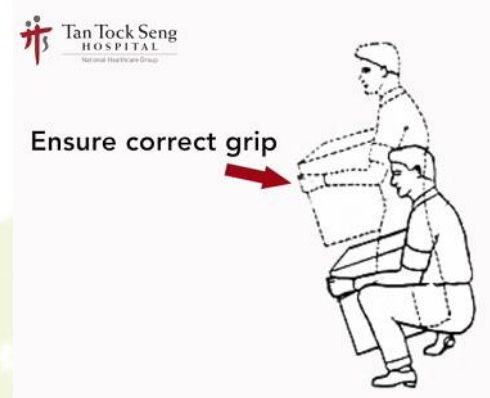


Objectives

- Educate migrant workers on safe lifting techniques for back care at work
- Engage the migrant workers in dance incorporating safe lifting techniques and simple stretches and/or activities of daily living (ADL)
- Engage migrant workers in cognitive stimulating games for cognitive and social interactions

Activities

- Education on safe lifting techniques at work
- Engagement in cognitive stimulating games and promoting social interactions (e.g. Sudoku, Jenga, Uno, etc)
- Introduction of activity / game box for all to use (i.e. donated games)
- Development of activity booklet (e.g. cognitive stimulating games, relaxation techniques, useful resources, etc)



Outcome Measures



- Participants' overall mood were generally more positive than negative (i.e. very happy and happy 85%)
- Participants feedback were generally positive and most enjoyed the dancing portions and games



At the workplace – working in community settings

- Adherence to safety measure advisories from health authorities
- Meetings moved online
- Work in split teams
- Working from home when possible
- Full PPE when needed
- Vaccinations at the workplace
- Routine Testing every 7-14 days



At the workplace – client care @ community settings

- Move part of the therapy services to tele-practice mode
- Increase in consultative roles as well towards caregivers and other stakeholders in client care
- Reduction in number of clients in group therapy session
- Reduction of home visits on needs and priority basis
- Regular Antigen Rapid Testing (ART)
 - For OTs
 - For Visitors
 - For Caregivers



Covid-related Publications



Letter to the editor

Minimizing infections spread during fabrication of casts and orthoses for hand fractures in COVID-19 patients

Dear Editor,
COVID-19, caused by infection with the novel coronavirus SARS-CoV-2, is a highly contagious disease, which as of April 30, 2020, had infected 3 million people and caused 217,260 deaths worldwide within a short span of 4 months since the first diagnosis was reported in Wuhan, China, in December 2019 [1]. Its rapid spread across continents, led the World Health Organization (WHO) declaring a global pandemic on March 11, 2020. The disease has affected all aspects of healthcare, placed unprecedented acute strain on healthcare systems, utilized immense resources and led to major policy and organizational changes.

The focus of efforts is undeniably concentrated on treatment and supportive care for infected patients. Although the disease primarily affects the respiratory tract, it can deteriorate into pneumonia, acute respiratory distress syndrome and ultimately multi-organ failure. However, patients with COVID-19 can present other concomitant urgent conditions such as trauma and surgical and oncologic emergencies.

COVID-19-positive patients with hand fractures, among other conditions, are referred to the Hand and Reconstructive Microsurgery unit in our hospital. Internationally, surgeons have limited the possible indications for surgery, decreased clinic visits and proposed alternatives to surgery [2]. Conservative treatment of fractures in COVID-19-positive patients increased due to resource constraints coupled with surgeon and patient preferences [2]. Thermoplastic splints and casts serve as a valuable treatment modality to maintain fracture reduction and provide temporary immobilization. Other advantages are being simple to apply, accommodate swelling, allow for protected movement, and hygiene. Such splints and casts are also an option for patients unable to tolerate casting due to wounds or skin sensitivity.

However, the option of conservative treatment does not eliminate occupational health risk because the healthcare provider still comes into contact with the patient for a substantial amount of time to administer treatment and rehabilitation. This contact risks prolonged exposure to COVID-19 spread by droplet transmission and interaction at close proximity. Cautionary guidelines were published for trauma surgeons operating on COVID-19-positive patients [3], but less attention is given to similar guides addressing conservative management of fractures targeted at physicians and therapists caring for these patients. Although the International Society for Prosthetics and Orthotics guidelines provide a useful reference for outpatients attending prosthetics and orthotics clinics during the pandemic [4], a gap in knowledge remains regarding bedside casting and splinting workflows for the COVID-19-positive patient.

<https://doi.org/10.1016/j.apmr.2020.07.001>
1877-8532/© 2020 Elsevier Masson SAS. All rights reserved.

To minimize occupational health risks due to infectious transmission from a COVID-19-positive patient, we describe our experience with thermoplastic splint fabrication for conservative treatment of hand fractures in COVID-19-positive patients in a tertiary care hospital. We also give practical tips for physicians and therapists involved in the care of this specific group of patients, in particular how to minimize interaction exposure time and reduce difficulties during the splint fabrication process.

The highly contagious spread of COVID-19 is postulated to be through droplet spread, and the WHO recommends airborne, droplet and contact precautions [5]. The particle size is estimated at about 0.325 µm (125 nm, range 0.06–0.14 µm) [2] and the viral burden may remain aerosolized in the air for 3 h and on surfaces for up to 48 to 72 h [6]. Contamination of the face, skin and mucosa is to be avoided. Hence, personal protective equipment (PPE) with gowns, gloves, N95 mask, face shields or goggles and surgical caps or hoods are recommended for prolonged close contact in hospitals [5]. Patients with suspected or confirmed COVID-19 should wear a mask as well [7].

Training in PPE donning and doffing and observing hand hygiene is essential for reducing the infection risk and preventing self-contamination. Healthcare workers contracting COVID-19 comprise 9% to 16% of all cases [8]; 20% of frontline healthcare workers are predicted to become infected [9,10]. Despite variations in the types of PPE used and the re-opening frequency, the proportion of infected healthcare workers is low with strict PPE procedures [11]. Hence, appropriate PPE is essential during patient interaction time so as to reduce occupational health risks. A protective gown, gloves, N95 mask, surgical cap and eye shields are worn during patient interactions. Our hospital adopted coronavirus testing of medical staff who are ill with fever or respiratory symptoms after interaction with positive and suspected COVID-19-positive patients, mandating compulsory medical leave for 1 week. This protocol allows staff to be confident of their diagnosis and ensure safety of other staff and patients.

The patient with COVID-19 is lodged in an isolation ward or may be housed with other COVID-19-positive patients in a COVID-19-positive cohort ward. Moving or transporting patients outside their assigned area is avoided.

We prepare a list of the following items that will be needed for the splint/cast fabrication process:

- large plastic basin;
- scissors or shears;
- inner stockinette layer;
- pressure foam, as necessary;
- cleansing wipes;
- patient care instruction sheet;
- pre-molded thermoplastic splint and Velcro straps and hooks to secure the splint or plaster of Paris slab cut and layered within cotton wool and crepe bandage.



World Federation of Occupational Therapists Bulletin

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/yotb20>

Embracing telehealth: supporting young children and families through occupational therapy in Singapore during COVID-19

Hepsi Priyadharsini & Jing Jing Chiang

To cite this article: Hepsi Priyadharsini & Jing Jing Chiang (2020) Embracing telehealth: supporting young children and families through occupational therapy in Singapore during COVID-19, World Federation of Occupational Therapists Bulletin, 76:2, 90-93, DOI: 10.1080/14473828.2020.1822574

To link to this article: <https://doi.org/10.1080/14473828.2020.1822574>

Published online: 25 Sep 2020.

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<https://www.tandfonline.com/action/journalInformation?journalCode=yotb20>

Training Programs

- Continuous Professional Development, training programmes (courses and lectures) have moved online and responses have been good. Participants for online lectures (organised by PGAHI for allied health professionals and OTs) have more than doubled compared to physical lectures.

SGH PGAHI POSTGRADUATE ALLIED HEALTH INSTITUTE

Influencing Behaviour in Dementia Care Through Person-centred Approach (Part 1)

18 – 19 Oct & 18 Nov 2021

Introduction
This course focuses on the person-centred approach to address responsive behaviour of persons with dementia using the Enriched Model of Dementia Care plan.

Course Objectives

- 1) Define what it means to be person-centred in a care setting.
- 2) Use person-centred approach to address responsive behaviour of persons with dementia.
- 3) Apply the Enriched Model of Dementia to influence behaviour to promote dignity and respect for people with dementia.

Course Outline

- 1) Experiential Activity
- 2) Unpacking Person-centred Care (PCC) Principles through:
 - Defined PCC using VIPS framework and
 - Identifying barriers to implementing VIPS in care setting.
- 3) Using the Enriched Model of Dementia to address responsive behaviour:
 - Defining responsive behaviours
 - Adopt the Enriched Model of Dementia to explain the responsive behaviour
 - Formulate PCC interventions to address the responsive behaviour
- 4) Assessment: Presentation of Case Study
 - Apply the Enriched Model of Dementia to influence behaviour to promote dignity and respect for people with dementia

Teaching Faculty
Ms. Lim Hwee Er
Director and Occupational Therapist Consultant
Dorset CarePartners Services Pte Ltd

Hosted by: Ministry of Health Services Management (University of Sydney) and a Bachelor of Health Science (Hons) (OT) University of Twente, Uni. As an occupational therapist, her years of clinical experience working with older persons of various general/psychogeriatric conditions span from hospitals to community services including nursing homes, day centres and home-based services. She has vast experience providing consultancy services in planning and implementing specialised services and introduction of innovative tools to improve elderly care services.

Course Details
Date & Time: 18 – 19 Oct 2021, 9:00 am – 1:00 pm
Course Presentation: 18 Nov 2021
9:00 am to 12:30 pm / 1:30 pm – 5:00 pm
(Participants will be grouped into one of the 2 presentation slots)
Duration: 3 half days
Class size: 30 pax
Device required: Laptop/ Desktop (with its webcam, speaker and webcam)
Platform: Zoom Cloud Meetings
Fee: \$660 (for health staff) / \$400 (for non-health staff) / \$400 (for staff)
(Inclusive of 7% GST)

Target Audience
Healthcare Professionals working in Dementia Care setting.

Registration
To register, scan the following QR code or click on the web link.
Registration closes on 24 Sep 2021, Friday.

Quick Links
FAQs, PGAIH Programmes, Training Calendar and Directory

Any cancellation or postponement request requires confirmed registration/participant must be received by PGAHI in writing. No cancellation fee is applied if request is received on or before 27 Sep 2021. A cancellation fee of 50% of course fee will be charged if cancellation request is received after 27 Sep 2021. PGAHI reserves the right to cancel the course and fully refund the amount of registration fee paid to the participants should unforeseen circumstances occur.

SGH PGAHI POSTGRADUATE ALLIED HEALTH INSTITUTE

Continuing Professional Development Lecture: Overview of Workplace Ergonomics

31 August 2021

Synopsis
Knowing how to apply ergonomics at work can help prevent musculoskeletal disorders and improve productivity. This lecture serves to help participants understand and apply the principles of ergonomics to workplaces. The lecture will cover the use of tools and methodologies commonly used to assess risk factors in office and industrial settings. We will also be sharing recommendations for setting up ergonomic workstations.

Lecture Details
Date: 31 August 2021, Tuesday
Duration: 60 minutes
Time: 6:00 pm – 7:00 pm
Fee: Complimentary
Platform: Zoom Cloud Meetings

Target Audience
All allied health professionals

Registration
To register, scan the QR code or click on the web link.
Registration closes on 30 July 2021, Friday.

Speaker
Patrick Koo
Senior Principal Occupational Therapist
Occupational Therapy
Singapore General Hospital

Patrick Koo is a Senior Principal Occupational Therapist at the Singapore General Hospital (SGH) and an ergonomics consultant to SGH safety network. He holds a Master of Science & Technology in Ergonomics. His clinical practice includes providing treatment for people with musculoskeletal disorders.

Patrick pioneered the development of ergonomics consultancy services in SGH. He was involved in the development of the Singapore Standard Code of Practice for Office Ergonomics and the Code of Practice for Manual Handling. He also assisted the Ministry of Manpower in the development of ergonomics guidelines for the hotel and logistic industries.

As a specialist in this clinical area, he regularly conducts ergonomics consultations, evaluations and training within SGH and for external companies and organisations.

Quick Links
FAQs, PGAIH Programmes, Training Calendar and Directory

Upon registration, you agree to PGAHI Terms & Conditions.

CAPE Centre for Allied Health & Pharmacy Excellence
ALLIED HEALTH INTEGRATIVE NETWORK (AHNET)
Online Zoom Course

Competencies for Occupational Therapists in Facilitating Return to Work (RTW)

28 AND 29 OCT 2021 | THU AND FRI | 2 DAYS | \$700 (SAOT MEMBER), \$750 (NON-SAOT MEMBER) | ZOOM CLOUD MEETINGS APP

Synopsis
“How do we facilitate our patients in RTW after a period of absence or injury?” often can be the toughest thing about performance and participation.
This 2-day online workshop builds on the prior knowledge of Occupational Therapists (OTs) on the “trifecta” relationship between person, environment and occupation, and equip participants with the principles and best practices in occupational rehabilitation. At the end of the course, participants will develop core competencies in pre-occupational assessment and job analysis and expand their tool box of intervention strategies in enabling patients with physical and cognitive deficits to successfully RTW.

Learning Objectives:
At the end of the workshop, the learners will be able to:

1. Understand the barriers and facilitators to RTW using the Work Disability Prevention model.
2. Conduct an initial occupational rehabilitation assessment to gain RTW goals.
3. Select therapeutic RTW interventions and strategies to improve ability and achieve RTW goals.
4. Practice useful communication techniques when facilitating RTW.

Target Audience:
Occupational Therapists working with the adult population.

Programme:

Day/Time	Content
Day 1 8.30AM – 5.00PM	<ul style="list-style-type: none"> - Role of OT in facilitating RTW - Model in RTW - Clinical Interviewing - Assessment of physical, cognitive and work capacity
Day 2 8.30AM – 5.00PM	<ul style="list-style-type: none"> - Interventions that facilitate RTW - Best practices in Occupational Rehabilitation - Communication strategies with stakeholders - Conflict resolution

Registration:
Please find registration link and QR code for the online Zoom course here:
<https://tinyurl.com/wmb62ow>

Speakers:
Ms. Lim Hwee Er
Principal Occupational Therapist, TGH
Dorset CarePartners Services Pte Ltd
Ms. Lim Hwee Er
Principal Occupational Therapist, TGH
Dorset CarePartners Services Pte Ltd

Lim Hwee Er has over 9 years of clinical experience at the rehabilitation of individuals with stroke and acquired brain injury. She is currently the Principal Occupational Therapist at Dorset CarePartners Services Pte Ltd. She is also the co-chair of the Singapore Occupational Therapy Association (SOTA) and is currently the co-chair of the Singapore Occupational Therapy Association (SOTA) and is currently the co-chair of the Singapore Occupational Therapy Association (SOTA).

OT Mental Health program during COVID-19

National CARE Helpline

- Face to face therapy services were suspended during lockdown period
- OTs who worked in the mental health setting and could not provide face to face therapy services, assisted in manning of the National CARE Helpline
 - Provide emotional and psychological support to those affected by the COVID-19 pandemic.

“Virtual Ward Rounds”

- OTs together with their multidisciplinary team conducted virtual reviews sessions for nursing homes they are supporting
- Able to provide timely inputs and recommendations to nursing home staff despite restrictions in on-site visits
- Supports safety management measures introduced by the ministries by reducing cross centres face to face interactions



OT Mental Health program during COVID-19

Taking Outpatient Services Online

- Started support groups online for clients who are/have
 - Working
 - Stopped work temporarily due to the pandemic
- Job exploration and stress management online groups for clients were also started

Bringing the Profession Together

- SAOT organised a online Special Interest Group for healthcare professionals in Oct 2020
 - “Preventing stress and burnout in healthcare professionals during the Covid-19 pandemic, focusing on self care techniques and practice of mindfulness.”*
- Our colleagues from the Singapore Physiotherapy Association joined us in this talk as well.



OT Mental Health program during COVID-19

“A Balancing Act”

OTs continues to **be creative** and **adapt** their service delivery mode and intervention plans to **balance** between adhering to the escalation and de-escalation of safety management measures and to the importance in maintaining momentum of therapy.



Thank You

Stay Safe

