

Promontory

JAN 2023 | ISSUE 4

IMAGING BEYOND BOUNDARIES

SPECIAL FEATURE

4 Ways To Keep Our
Radiology Patients Safe
Developing a reflective practitioner

HEALTH DEMOGRAPHY

Insights on how health
demography can be applied
p.10

LIFE AS A DOSIMETRIST

A dosimetrist accounts her Pre
and Post COVID-19 experience
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SINGAPORE SOCIETY OF RADIOGRAPHERS



ANNUAL SCIENTIFIC MEETING 2023



6TH ANNUAL SCIENTIFIC MEETING 2023

EMBRACING CHANGE ADOPTION TO ADAPTATION

Zoom

Session 1: 24 Mar 2023,
19:00 - 21:00 (UTC+08:00)



Max Atria

Session 2: 25 Mar 2023,
09:00 - 17:00 (UTC+08:00)



<https://ssr.org.sg/event-5071182/Registration>

REGISTRATION IS OPEN!

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PRESIDENT'S MESSAGE

Greetings everyone!

This edition of the Promontory comes to you in the midst of the 15 days of the Lunar New Year so on behalf of the 64th Exco, I wish all who celebrate a very Happy and Prosperous Year of the Rabbit!

In this new era of medical imaging and radiation therapy, progress calls us to expand our horizons. In Imaging beyond boundaries, I would like to encourage readers to rethink our approach to our work, not just in our practices but to dare to go beyond the confines of our own mind.

For those who missed out on our recent online CPD sessions in the last quarter of 2022, our newsletter editor Jesveena and our student chapter have kindly written updates on past events and condensed the take-home messages from each session. Contributions from our colleagues Amanda and Harris challenge us to revisit our understanding and consider new perspectives in patient care as well as the possible untapped potential of our healthcare workforce. Bahiah our RT colleague also shares the changes in Dosimetrist's roles post COVID and assesses the effectiveness of the WFH arrangement for planning dosimetrists.

Your views and experience with SSR are important to us! Chloe our membership matters chairperson charted the results of the member's needs survey in an infographic published in this issue and this is going to help steer our initiatives and future events. One such event is our upcoming 6th ASM on the theme of Embracing Change Adoption to Adaptation where we'll discuss coping with change and how we may make transitions smoother.

I hope this issue will help spark some new ideas and open your mind to bigger possibilities as we push the boundaries in our profession

Happy reading!



Denise Choong
SSR President
64th EXCO

20TH CPD ASIA

CPD Asia is a yearly event where different radiography societies come together to share about advances and experience in their field. This year, Singapore Society of Radiographers hosted an online webinar for the 20th CPD Asia.



Mr Luqman is a Radiographer from Sengkang General Hospital and he shared about improving the accuracy of nurse Initiated X-ray ordering in the Emergency department. In the emergency department of Sengkang General Hospital, nurses are privileged to order x-rays for patients prior to consultation with the ED doctors based on the initial presenting complaints.

This workflow was implemented to improve the efficiency of patient management. However, radiographers encountered several orders from triage nurses that were deemed inappropriate or inaccurate. Such orders have led to several near-miss cases that could compromise patient safety and potential medicolegal issues and subjected patients to unnecessary radiation. Luqman and his team aimed to improve the accuracy of x-ray ordering by proper education for the nurses.

1. Created an educational tool to improve the accuracy of x-ray orders by triage nurses
2. Refresher lectures for existing triage trained nurses – conducted by radiographers instead of nurses
3. Revision of x-ray ordering module for future triage courses
4. Monitoring of nurses x-ray orders



The second talk was shared by Mr Tan Choon Ann, a radiographer from National University Hospital. He shared about his experience with developing operational guidelines and strategies that were implemented to Radiology-related workflows in the emergency department.

New and efficient guidelines were established to ensure timely diagnosis and treatments were delivered to the patients. These were achieved by ensuring frequent review of workflows, machines upgrades, innovations on radiology-related procedures, implementation of quality improvement, radiation dose simulation and a new paperless workflow.

One of the key projects implemented was the Next-Generation Electronic Medical Record (NGEMR) The NGEMR system is an initiative by the Ministry of Health (MOH) to coordinate patient care, by having one centralised platform to store patient data.

1. Improved Communication
2. Improved Patients' safety
3. Reduced usage of hardcopy request forms and medication records
4. Saved time



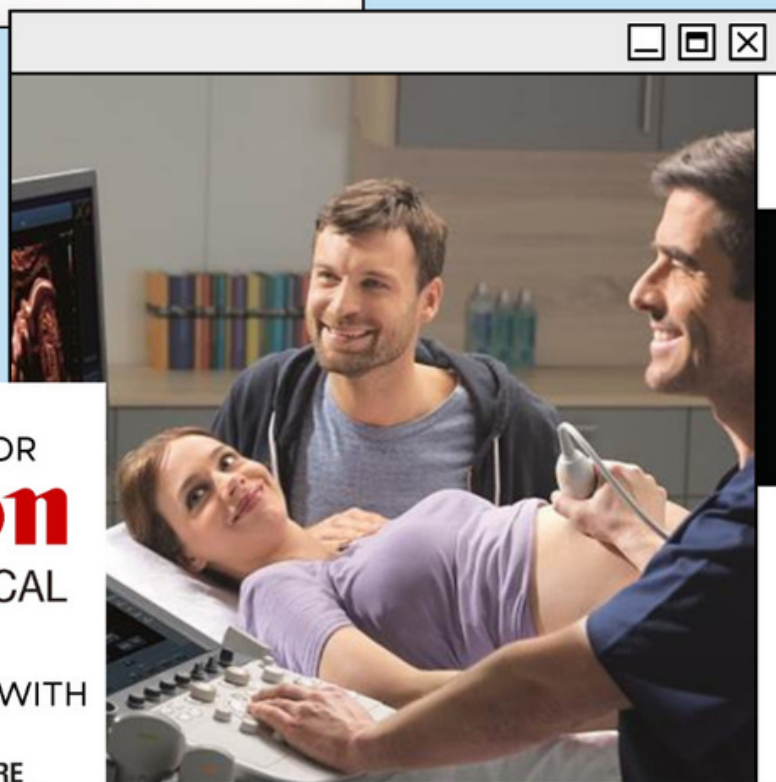


World Radiography Day 2022

Radiographers at the forefront of Patient's Safety

🕒 05 November 2022
2.30pm - 6.00pm

📍 Zoom



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SIT SINGAPORE INSTITUTE OF TECHNOLOGY

WORLD RADIOGRAPHY DAY 2022

ORGANIZED BY THE SSR STUDENT CHAPTER, IN COLLABORATION WITH SINGAPORE SOCIETY OF RADIOGRAPHERS (SSR)

This year, the Singapore Society of Radiographers (SSR) and the SSR Student Chapter (SSRSC) collaborated with the Singapore Institute of Technology to organize the annual World Radiography Day event on the 5th of November, 2022. The event saw over 400 attendees. With the theme of “Radiographers at the Forefront of Patient Safety,” speakers from various institutions came together to give their insights on patient safety. Jimmy Chan and Ken Loo from Canon Medical shared the latest advancements in artificial intelligence and ultrasound technology.

- 1 Judicious and well-placed independent double checks play an important role in patient safety
- 2 Radiographers have an ongoing responsibility to ensure radiation safety during all diagnostic procedures. Align with the ALARA principles and use safe radiation dose protocols
- 3 Learn best practices from other institutions that can be applied to the department to improve service and treatment delivery.
- 4 Use established tools such as FMEA (failure mode and effects analysis), SWOT (strength, weakness, opportunity and threat), SBAR (situation, background, assessment, recommendation) to accelerate improvement in patient safety.
- 5 Tap on the personal experience of individuals who have encountered safety-related tragedies first-hand. An impactful story can heighten awareness and decrease risk tolerance in the workplace.



Claudia Lim Yu Qian (left) and Grace Chen Si En (right) as emcees for the event.



*The SSRSC and SSR Academic Team.
From left to right: Han Min, Claudia, Noory, Elizabeth, Grace, Xu Kai.*

4 WAYS TO KEEP OUR RADIOLOGY PATIENTS SAFE

BY AMANDA ER TW



Amanda Er TW

Radiographer
Changi General Hospital

The requesting doctor walked away after glancing at my portable machine's screen, concluding with, "the chest x-ray looks fine." Then, staring wide-eyed at the same screen, I blurted, "Doctor, I see a large left-sided pneumothorax. Loss of lung markings. Would you like to have a look again?" The kind-eyed patient in front of me was breathing heavily while trying to calm their haggard breathing. They had been in an accident the previous day with multiple left rib fractures yet no sign of a collapsed lung; their oxygen saturation level had suddenly plummeted in the ward.

As radiographers, we have a duty of care to our patients - to keep them safe. Being cognisant that the word 'safe' can encompass several aspects, I have taken inspiration from the Allied Health Professions Council (AHPC)'s Code of Professional Conduct [1] to share ways we can keep our patients safe.

Act in the best interest of our patients

To ensure our patient's safety, we owe it to them to provide imaging services per the principles of medical ethics, especially encompassing beneficence, non-maleficence, and being fair and just in our work.

The fundamentals of a radiographer's role require that we:

- verify our patients appropriately
- adhere to the ALARA principle
- conduct frequent quality assurance and control checks: patient safety relies heavily on crucial checks to ensure machines are administering accurately calibrated doses
- check for allergies and kidney function prior to contrast administration

Communicate effectively with our patients, caregivers and other professionals

Using my international links with several patient advocates on Twitter, I gained insights (view here: <https://bit.ly/PatientSafetySSR>) as to what safety meant to our patients. I recommend reading these as it gives a perspective toward an environment that is foreign and daunting to our patients yet familiar to us.

I am of the belief that when we can show genuine care for our patient's well-being [2, 3], it allows enhanced cooperation and rapport building. Some compassionate and assuring phrases I was taught as an undergraduate and still serve me well are:

- "You're doing really well, just hold that position for a little longer and we'll be done soon."
- "Please stay still. It's really important that we can get high-quality pictures which can help your doctor find out why you're in pain."

At times, certain actions we carry out require more thought to them. I had a family member undergo a day procedure recently. Before the procedure began, she had the urge to go to the toilet. However, her spectacles and belongings were in a locker situated in another part of the hospital. With a high degree of myopia, manoeuvring to the toilet without her glasses left her immensely stressed out, resulting in a terrible patient experience.

On another occasion, a non-speaking patient was presented in a trolley bed to my department; she was clutching a laminated card featuring the alphabet. The card was for her to point out the different alphabets as a way of spelling out words to communicate. To prevent obscuring the region of interest during imaging, I took the card out of their hands. However, after the examination, my patient desperately wanted the out-of-reach card back in their hands so that they could communicate.

From my family member's experience and the encounter with the non-speaking patient, it made me realize how stressful it could be to have objects which aid with patients' important senses to be taken away. I implore all to consider this whenever you have to remove a patient's aid for imaging.

Act within the limits of our knowledge, skill and experience, and if necessary, refer the matter to another professional

In my hospital, the radiographer abnormality detection system (RADS) has become crucial for patients in the Emergency Department (ED). Through RADS, ED clinicians have the added benefit of a radiographer's eye in aiding their treatment planning [4], especially during the absence of an immediate radiologist's report (i.e., after office hours).

This sentiment and its benefits were also echoed during my undergraduate years in Australia, where the "see something, say something" campaign [5] by the Medical Radiation Practice Board of Australia (MRPBA) was heavily emphasised.

Considering that we are often the first pair of eyes to view these images, I firmly believe that we owe it to our patients to flag when their images do not look right, ensuring that any serious medical emergencies are effectively communicated to their primary care team and/or doctor-in-charge. I have had the privilege of "saying something" where needed, which allowed patients to receive (sometimes life-saving) treatment much more quicker. By escalating such abnormalities, we inevitably provide a safer environment for our patients.

Engage in professional development and keep our professional skills and knowledge up-to-date

Engaging in CPD includes attending local, regional and international conferences, reading relevant journal articles, and browsing social media profiles of journal sites for the newest article. Occasionally, you may connect with like-minded individuals worldwide, leading to novel research ideas. By investing in our own professional development, we can improve our own competencies and abilities, which ultimately leads to better patient safety.

I hope my sharing helps you to take a step back, reflect on your practice, and see if there are gaps you can bridge. A reflective radiographer will always be safer and more useful in a healthcare team than one who is not.



The requesting doctor marched back to my machine to find what I had seen in the image. A senior doctor nearby had overheard our exchange and strode over, immediately declaring, "There's a large pneumothorax. Let's get a chest tube in" before walking off.

"Where? I still don't see it!" exclaimed the doctor. I carefully outlined the lung margins to the doctor and received continuous 'thank yous' after. What a moment it was, and I continue to have such moments till this day. We are, after all, healthcare professionals striving to keep our patients safe.

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WAYS TO KEEP OUR PATIENTS SAFE

Amanda Er TW



RADIOGRAPHER & CLINICAL EDUCATOR
CHANGI GENERAL HOSPITAL

ACT IN THEIR BEST INTEREST



Ensure 2 patient identifiers are verified

Adhere to ALARA principles

- > ↓ time
- > ↑ distance
- > ↑ shielding



Conduct regular QA/QC checks

Prior to contrast administration, check for:

- > history of allergies
- > kidney function



Carry out infection control practices appropriately

CARE & COMMUNICATE COMPASSIONATELY



Is there anything you need me to know before we get started?

Remember the last time you had your vision / hearing / speech impaired; how did you feel?

Frustrated? Anxious?



If removing an aid (i.e. spectacles, hearing aids, speech cue cards), ensure they are returned back to patients ASAP.
Impaired senses can be very stressful.

ACT WITHIN OUR KNOWLEDGE, SKILL & EXPERIENCES



If you see something, say something!

Some of the **Serious medical emergencies**

- hip fracture
- pneumothorax
- testicular torsion
- brain haemorrhage
- cervical spine fractures
- abdominal aneurysm
- pneumomediastinum

Learn to identify these on imaging + alert the care team so that further intervention can happen promptly

ENGAGE IN PROFESSIONAL DEVELOPMENT

Following latest research = using current evidence-based practice = safer patient management!



Gain knowledge/research inspiration by attending conferences (local, regional or international)

Great chance to network with like-minded individuals too!



Access latest research publications by peer-reviewed journals

Follow peer-reviewed journals on their social media accounts - some regularly post links to the newest articles published



You're doing great, just a few more steps and you'll be on the bed!



Do you need help with changing into a gown?

Hello, my name is →, I will be doing your hand x-ray today!

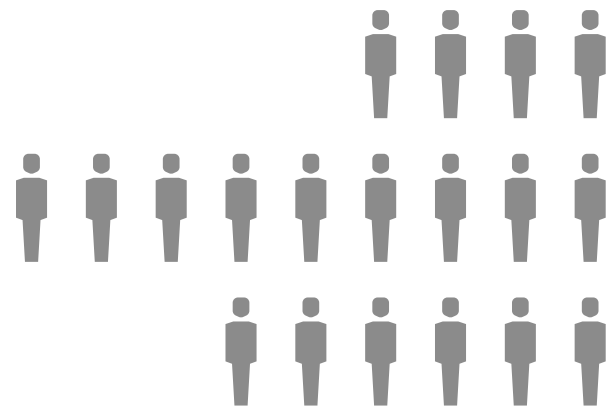


1. Introduce yourself and your role

2. Tell me:
 - > What you're going to do & why
 - > How you're going to do it
 - > What sensations to expect
 - > When I'll get results & who from

3. Ask sincerely & patiently if I have any questions

Ann-Marie O.
Patient Advocate



HEALTH DEMOGRAPHY: UNTAPPED POTENTIAL

BY HARRIS ABDUL RAZAK



Harris Abdul Razak
Senior Radiographer
National University Hospital

Think demographics, and off the bat, we think of population profiles such as age and generation groups, sex, race and religious affiliation, educational level, occupation, household income, and marital status. The list may go on depending on the population characteristics being studied. The classical definition of demography, as Swanson and Stephen [1] pointed out, is focused on

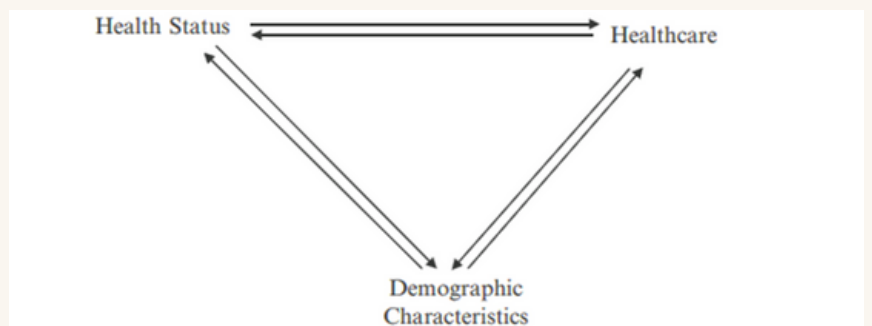
- (1) size
- (2) geographic distribution
- (3) composition
- (4) the components of change (births, deaths, migration),
- (5) the determinants and consequences of population change.

Demographic trends help predict workforce manning, population healthcare demands, and housing resources. Policymakers study these trends and implement policies to address issues related to population changes.

Health demography, a subdiscipline within the field of demography, focuses on the implications of population characteristics for health and healthcare. Pol and Thomas [2] presented a model to illustrate the complex reciprocal relationship between health, healthcare, and demography (Fig. 1).

According to them, the demographic characteristics of a population could serve as both determinants and consequences of the relationships between the population and its healthcare system. For example, there would be low mortality rates in a population with excellent health status, with a higher-than-average lifespan.

Figure 1. The Interdependence of Health Status, Healthcare and Demographic Characteristics



Note. From Pol, L. G., & Thomas, R. K. (2013). The Demography of Health and Healthcare (3rd ed.), p. 15.

The Singapore Health Demography

Based on data from the Department of Singapore Statistics [3], Singapore's total population was 5.64 million at the end of June 2022. The census revealed an ageing trend within the resident population of 4.07 million. The median age of the resident population reached 42.1 years as of end-June 2022, up from 41.8 years in 2021. The proportion of residents aged 65 years and over grew by 0.6% in 2022 to 16.6%, and the resident old-age support ratio (i.e., the ratio of residents aged 20-64 years for each resident aged 65 years and over) declined further to 3.8 as of end-June 2022 (see Figures 2-4).

Figure 2 Age Distribution of Resident Population

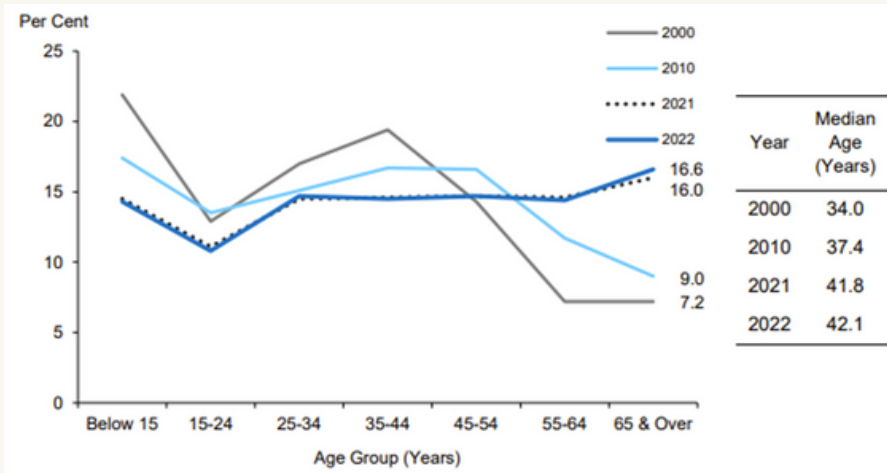


Figure 3 Age Pyramid of Resident Population

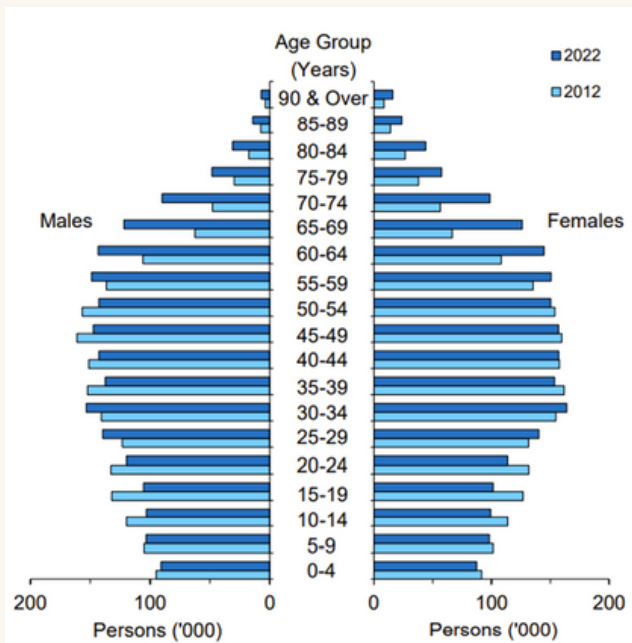
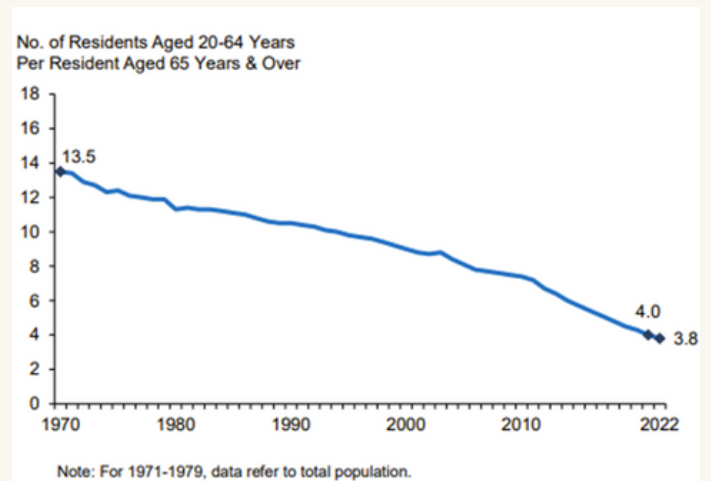


Figure 4 Resident Old-Age Support Ratio



Note. From "Population Trends 2022" by Singapore Department of Statistics, 2022, (Singapore Department of Statistics | Population Trends 2022 (singstat.gov.sg)). Copyright by 2022 Department of Statistics, Ministry of Trade & Industry, Republic of Singapore.

The demographic characteristics of the population influence health status and health service needs. For example, in Singapore, keeping toe to toe with the ageing population, patients for hospital admissions between 2009 and 2020 were mostly 65 years and above. On average, patients aged 65 years and above formed 62.6% of acute hospital admissions between 2009 and 2020 (see Figures 5-8).

The age composition of the population also reflects the type of health problems prevalent to individuals of that age group. The prevalence of chronic diseases such as diabetes, stroke, and heart disease increase with aging³. From 2009 to 2017, the proportion of local elderly people with three or more chronic conditions nearly doubled [4,5] (see Figure 9). More than ever, chronic disease management programs and initiatives to encourage successful ageing play a significant role in enabling healthcare systems to take a more rounded view of the care of patients with chronic illnesses [6,7].

Figure 5 Acute hospital admissions in 2009 - 2020

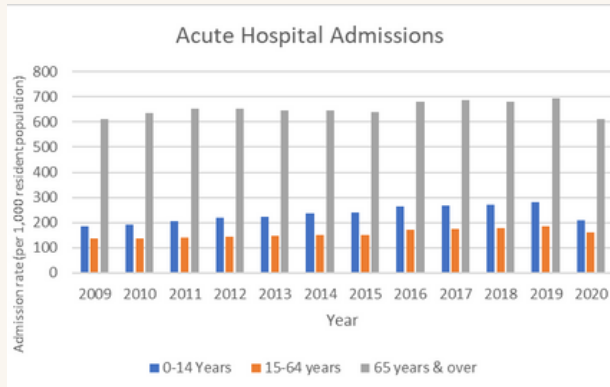


Figure 6 Community hospital admissions in 2009 - 2020

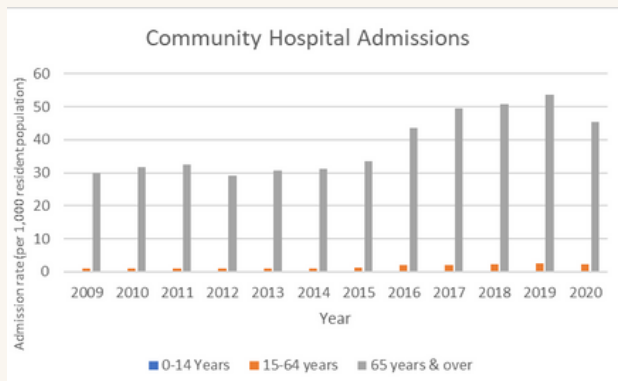


Figure 7 Psychiatric hospital admissions in 2009 - 2020

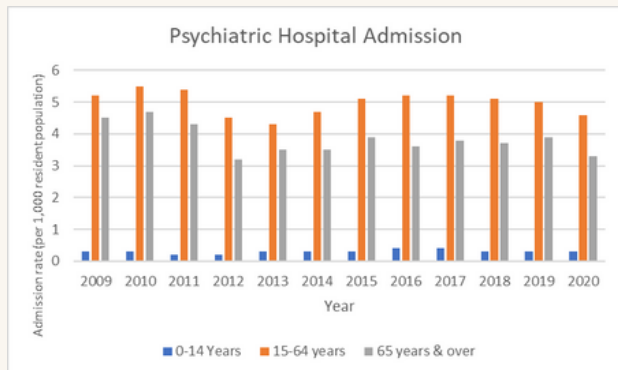
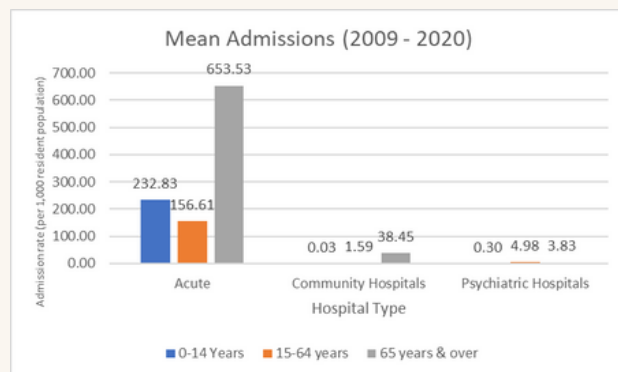


Figure 8 Mean admissions in 2009 - 2020



Note. Data adapted from 2022 Hospital Admission Rate by Age and Sex (<https://data.gov.sg/dataset/hospital-admission-rate-by-age-and-sex>). Copyright by 2020 Government of Singapore.

Figure 9 THE SIGNS Study findings on ageing

Ageing in Singapore

An ongoing local study is looking at factors influencing the health, well-being, activity and productivity levels in older Singaporeans.

The Transitions in Health, Employment, Social Engagement and Intergenerational Transfers in Singapore Study surveyed 4,549 Singaporeans and permanent residents aged 60 and above. Here are some findings:

	2009	2017
	%	%
Three or more chronic health conditions:	20	37
High blood pressure	74	72
Diabetes	22	25
Cataract	19	31
Joint pain, arthritis, rheumatism or nerve pain	31	29
Obesity	8	9
Difficulty with three or more activities of daily living	3.5	5
Feeling somewhat or mostly lonely	51	34
Depressive symptoms	15	12

Source: DUKE-NUS MEDICAL SCHOOL'S CENTRE FOR AGEING RESEARCH AND EDUCATION
ST PHOTO: KELVIN CHING STRAITS TIMES GRAPHICS

Note. From Over-60s suffering more with chronic diseases than a decade ago: Study, by Choo, F., 2019, The Straits Times. Copyright by 2022 SPH Media Limited.

How does this impact us as healthcare practitioners?

The impact can be huge or trivial, depending on how creative one views it. At the macro level (national and hospitals), the demand for radiology services will continue to increase due to an older population with more than one chronic condition, as described in the section on Singapore health demography earlier.

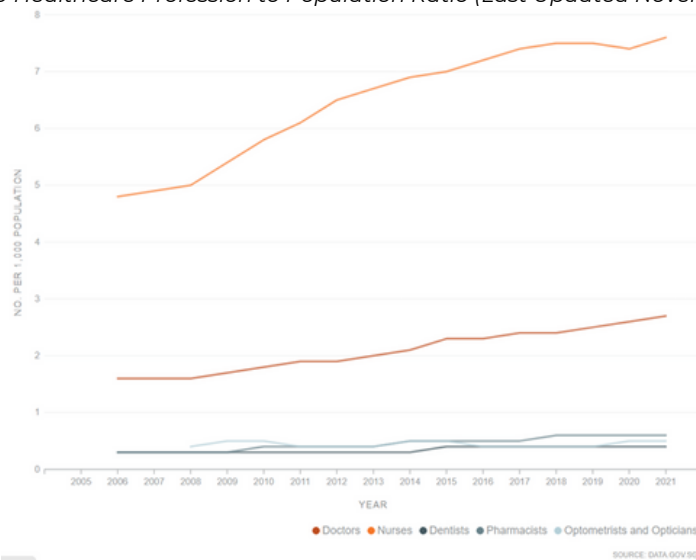
Can the present manpower support this almost certain demand in radiology services? Do we have suitable systems and technology to augment manpower needs and improve service delivery? Are our imaging practices age-friendly? We look at our communication, professional work, and competence at the micro level. Do we have sufficient knowledge, skills, and abilities to manage elderly patients effectively? I will leave it to your imagination to some of the other horrors of an ageing population.

Perhaps the biggest elephant in the room is manpower. Despite the increasing healthcare workforce (see Figure 10), the reality is that there are shortages of manpower [7,8]. At a policy and administrative level, the health manpower authority could continuously determine the supply of healthcare manpower across Singapore and correlate this with (1) the patient workload, (2) hospital capacity, and (3) healthcare services provided in that hospital or clinic. This ratio can be made as a reference to hiring managers to budget for manpower. If manpower needs are not addressed, these could impede the delivery of care needed.

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Figure 10 Healthcare Profession to Population Ratio (Last Updated November 29, 2022)



Note. From 2022 Healthcare Professional to Population Ratio (<https://data.gov.sg/dataset/healthcare-professional-to-population-ratio>). Copyright by 2020 Government of Singapore

Opportunity

The impact can be huge or trivial, depending on how creative one views it. At the macro level (national and hospitals), the demand for radiology services will continue to increase due to an older population with more than one chronic condition, as described in the section on Singapore health demography earlier.

Augmenting practices

Diagnostic radiographers and radiation therapists need to take a proactive role in re-engineering health care - like how clinicians have adopted and embraced chronic disease management programs to improve care outcomes of patients with chronic medical conditions. Within our professional practice, we can start by designing our clinic environment as senior-friendly.

Avenues for Research

Presently, there needs to be more research on geriatric imaging and therapy. The changing health demography would present a good research opportunity, especially in health re-design, operations research, and novel technologies that can improve the care of geriatric patients going for radiology services. The world is an oyster, especially for research!

Conclusion

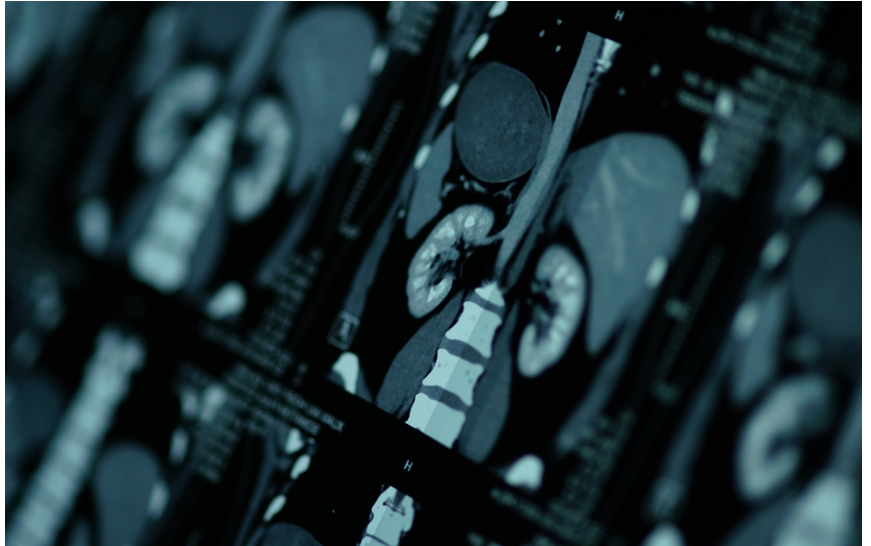
In this short article, I have presented a broad overview of the Singapore health demographics and proposed several examples that our profession can focus on to ride on this wave.

PRE AND POST COVID: LIFE OF A DOSIMETRIST



Sarahatul Bahiah Binti Yusoff

Principal Radiation Therapist
National University Hospital



BY SARAHATUL BAHIAH BINTI YUSOFF

2020. The year when it all went downhill. 23rd January, to be exact, when the first case of COVID landed on our soil. Life BC (Before COVID) was hustling and bustling like a market in the NUH (National University Hospital) planning room, with all the dosimetrists, doctors, and others alike taking turns planting their backs on chairs to complete their contouring work. Dosimetrists were busy punching in numbers in the TPS (treatment planning systems), optimising plans, recording statistics, and negotiating plan approvals for quicker treatment date delivery. When the pandemic arrived, countless commotion was brought upon us, especially when some staff were COVID-ridden and had to be isolated from work.

A big wave of change transcended our operations of RTC (Radiotherapy Centre). Dosimetrists, having non-patient fronting role, were allowed to work from home (WFH). This aligned with the vision of the senior management to keep the number of staff within a department to a minimum without compromising the care of our cancer patients. The Fab 6 (as we call ourselves) dosimetrists in NUH RTC brainstormed workflows and possible concerns with WFH. We were issued two corporate laptops to be connected via a private virtual network remotely from home. Work rosters were reviewed, and several situations were identified before the actual commencement of WFH.

DIFFICULTIES:

- Acquiring on-site technical support during WFH
- Distinguishing work and home hours
- Complications in obtaining access to the work documents when working remotely
- Computer hitches and glitches and total loss of internet connection
- Estimating Dosimetrist productivity
- Communicating between RTs and Doctors
- Home environment may not be conducive for WFH
- Familiarity with the technological issues

We bit the bullet and embrace these known issues we might face and embarked on the hybrid WFH wagon for a pilot study. The term hybrid WFH was coined to include several days of WFH and all other days in person at work. The Fab 6 showed initial apprehension to the new concept as it needed a fair level understanding of technical expertise and troubleshooting.

However, with several weeks of testing, the above eight issues addressed as above organically resolved. We each had training logging into the virtual network and kept a log of troubleshooting issues as shared resource. Work related documents were shared in the department shared drive. There were no reported delays in treatment delivery due to us being off-site.

Presently, the hybrid WFH model is embedded in the dosimetrists' working arrangement. Unexpectedly, it increased staff satisfaction levels. .



Membership Matters

The SSR Exco has begun revamping our membership terms and benefits to ensure that they stay relevant and attractive to our members. We are proud to announce that we have since completed four stages of our membership revamp, which are outlined below.

1



Analysis of Current Membership Data

- Studied SSR's current membership eligibility levels, benefits and terms and conditions
- Analysed existing member demographics
- Identified inconsistencies in member profiles

2

Background Research

- Conducted background research on other professional societies including Society of Radiographers (SOR), Singapore Association of Occupational Therapists (SAOT), Singapore Physiotherapy Association (SPA), Singapore Nursing Association (SNA) and Institution of Engineers, Singapore (IES)
- Made comparisons to their pricing plans and member benefits
- Studied and discussed viability of introducing new member benefits



3

Adjustment of Administrative Settings

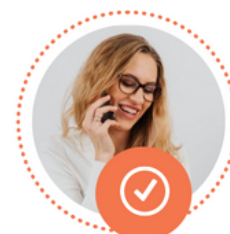
- Made changes to the set-up of various membership levels
- Conducted membership sweep for student members to ensure the validity of student members in our system



4

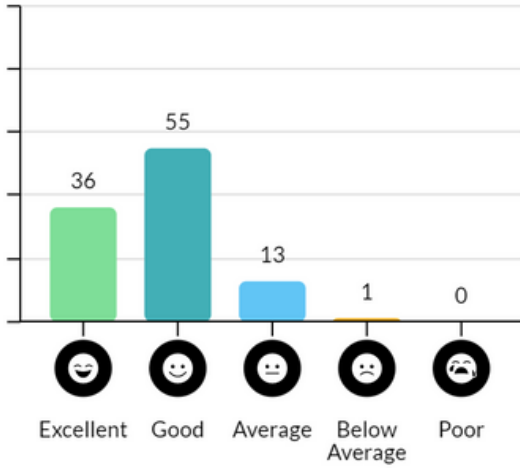
Needs Survey and Analysis

- Intended to understand the current perceptions of radiographers and radiation therapists on SSR events and explore interest in future events for implementation.

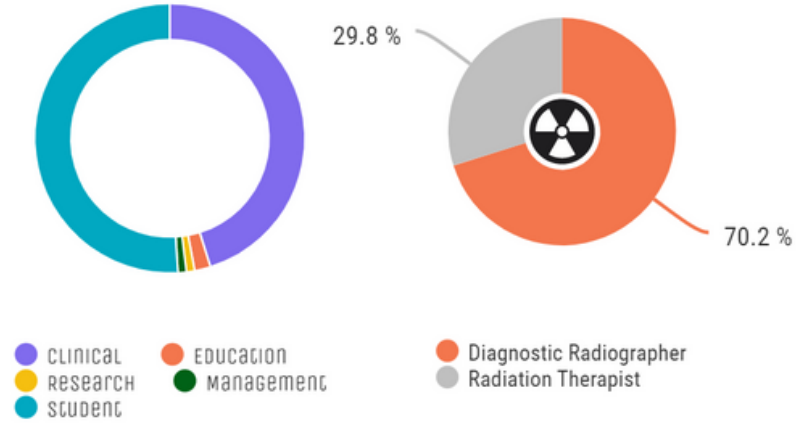


Needs Survey Analysis Based on 104 Diagnostic Radiographers and Radiation Therapists

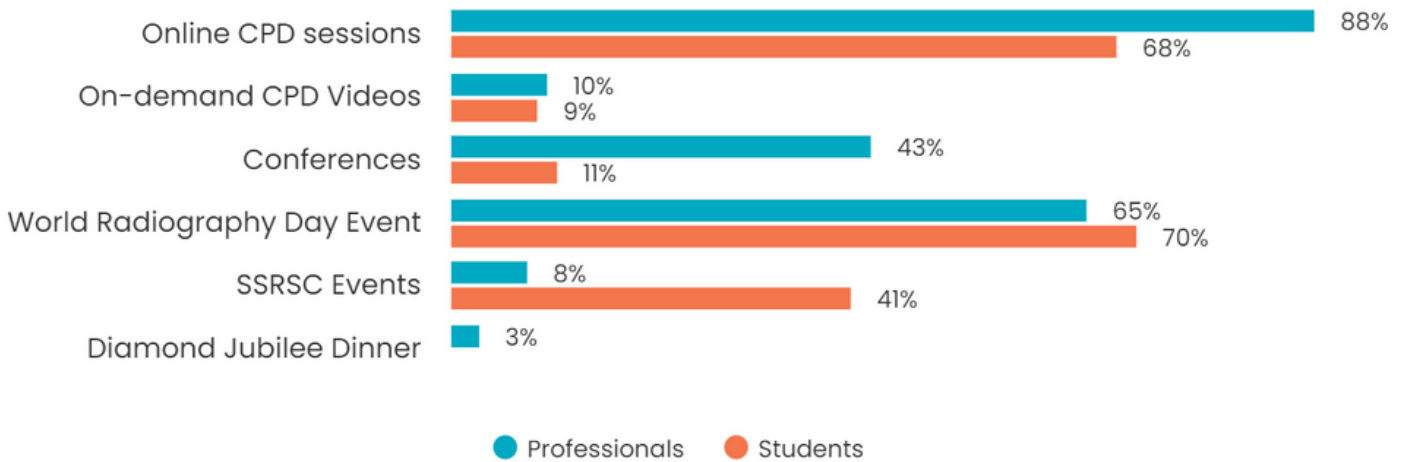
Perceptions of SSR as a professional body



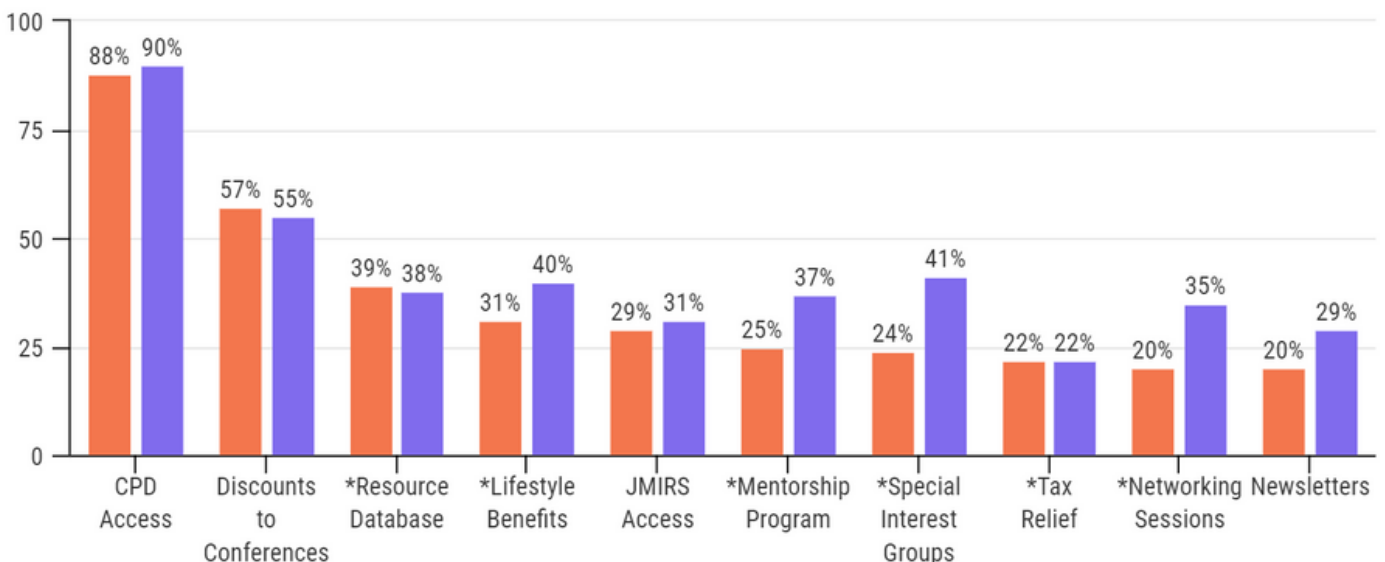
Respondent Demographics



Participation in Existing SSR Events



Interest in Prospective SSR Events/Initiatives



* denotes new initiatives

PROMONTORY

SINGAPORE SOCIETY OF RADIOGRAPHERS



ANNUAL
SCIENTIFIC
MEETING
2023



EMBRACING CHANGE

ADOPTION TO
ADAPTATION

6TH ANNUAL SCIENTIFIC MEETING 2023

24 - 25 March 2023

Zoom

Session 1: 24 Mar 2023,
19:00 - 21:00 (UTC+08:00)



Max Atria

Session 2: 25 Mar 2023,
09:00 - 17:00 (UTC+08:00)

REGISTRATION IS OPEN!

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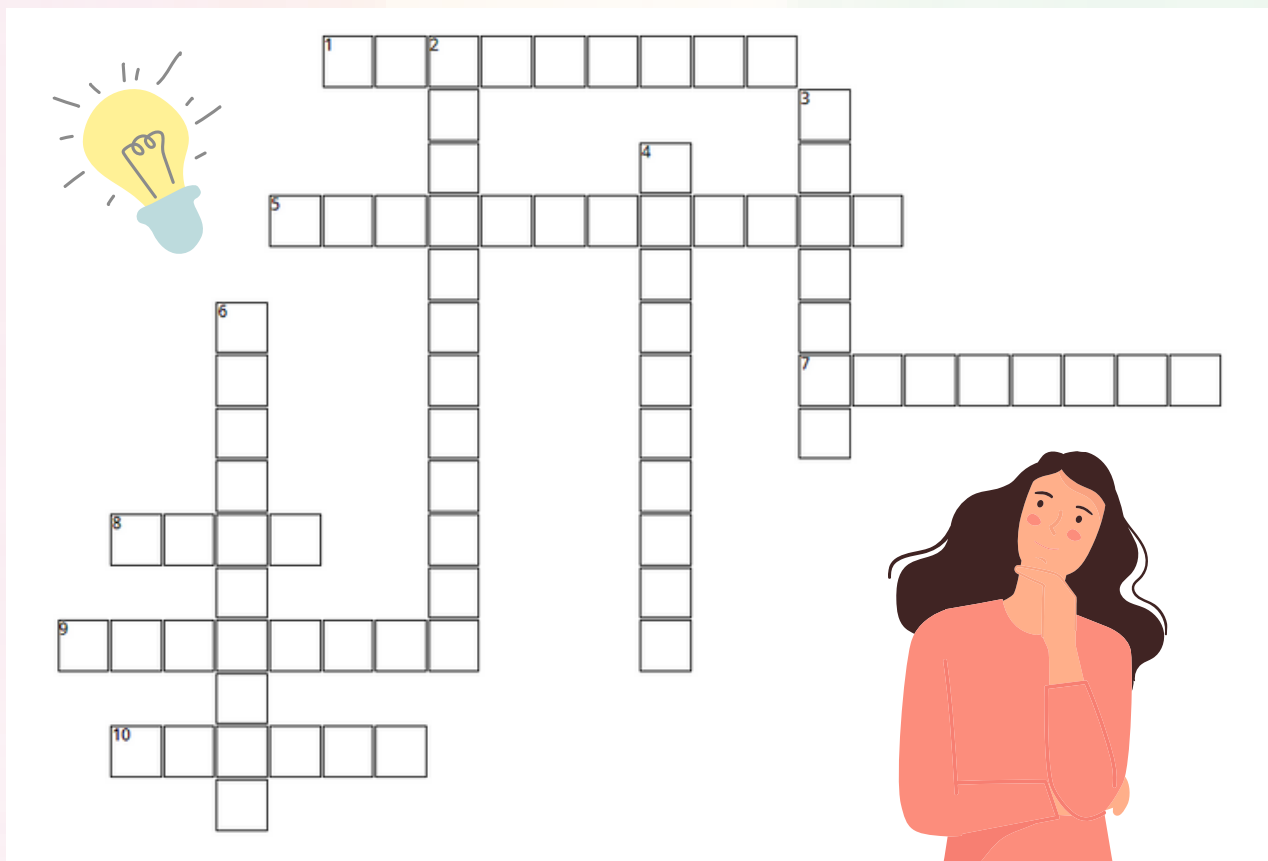
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PROMONTORY Crossword

In the previous issue, SSR published a DR/RT themed crossword puzzle.

Have you tried it?



Across

1. A type of cancer that starts in cells that make up the skin or the tissue lining organs.
5. A health care professional who operate special scanning machines that make images for medical purposes.
7. A unit of exposure dose that measures x-rays or gamma rays.
8. A painless test that produces images of the structures inside your body — particularly your bones.
9. The study of cancer.
10. A condition, tumor, or growth that is not cancerous and does not spread to other parts of the body.

Down

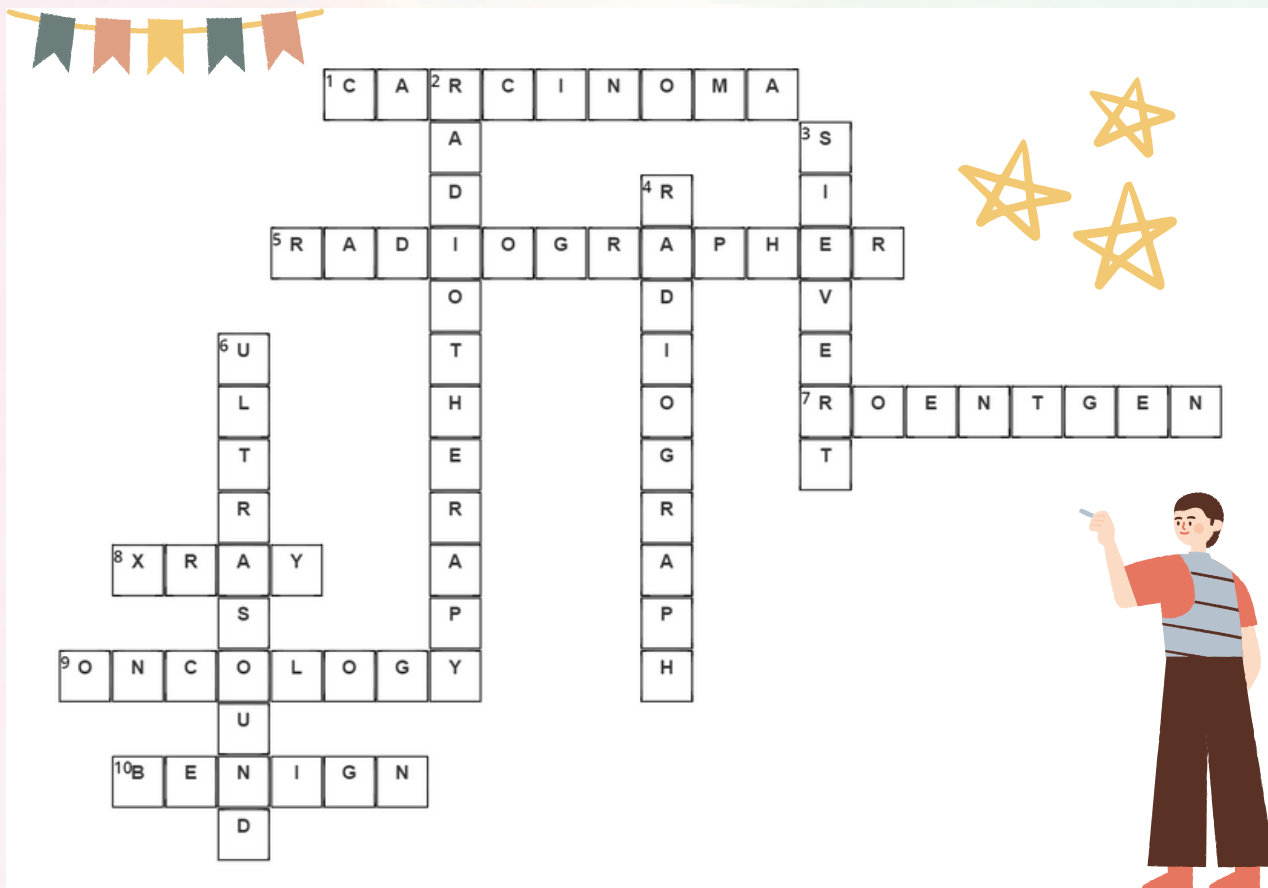
2. A cancer treatment that uses high doses of radiation to kill cancer cells and shrink tumors.
3. A unit of radiation exposure dose that a person receives.
4. An image produced on a sensitive plate or film by X-rays.
6. An imaging method that uses sound waves to produce images of structures in the body.



Answers will be revealed in the next page! 😊

Crossword Answers

Did you get them right? 😊



Across

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Down

2. A cancer treatment that uses high doses of radiation to kill cancer cells and shrink tumors.
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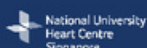
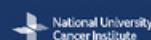
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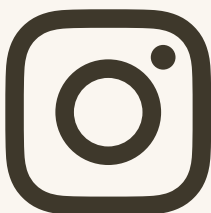
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