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PLEXUS

A quarterly e-newsletter by the Primary Care Academy

Editorial Foreword

Welcome back! As get into the thick of 2026 we have an empty canvas to fill with new resolutions on the back of our individual experiences, learning and reflections from the previous year.

We are proud to showcase two interesting articles by healthcare professionals in NHG Polyclinics. The 1st one, **"Delivering Interprofessional Holistic Care Beyond Diagnosis!"** coincides with World Cancer Day (4 Feb). Incidentally, this quarter of 2026 also marks World Dietitian Day (11 March) and World Social Work day (17 March). This article describes how healthcare professionals can provide patients including cancer survivors, with a holistic and meaningful healing journey, by working collaboratively and communicating with each other when delivering care. The 2nd article on, **"Doc, I fell and hit my tooth... ouch!"** is in conjunction with World Oral Health Day (20 March). It's a good article providing very practical and useful tips on what to advise patients who present with dental trauma, ranging from a tooth fracture to a totally avulsed (knocked out) tooth. We hope you enjoy these two articles by our primary care healthcare professionals.

Announcement: Plexus e-newsletter will transition to a biannual e-bulletin in 2026.

"Healing is a matter of time, but it is sometimes also a matter of opportunity."

– Hippocrates

"The best way to find yourself is to lose yourself in the service of others."

– Mahatma Gandhi

A publication by

NHG Polyclinics
NHG Health

Primary Care Academy

Delivering Interprofessional Holistic Care Beyond Diagnosis !

By:
Dr Wynette Lim Wanzhen, Family Physician, Toa Payoh Polyclinic
Ms Liow Hui Shi, Senior Dietician, Woodlands Polyclinic
Ms Kau Chung Ping, Principal Medical Social Worker, Ang Mo Kio Polyclinic
Dr Kung Jian Ming, Family Physician-Consultant, Yishun Polyclinic

"Mr Tan is a 65-year-old single Singaporean who was enrolled under Healthier.sg to a primary care clinic. He has diabetes, hypertension and hyperlipidemia and lives alone in a 1 room rental flat. He had previously worked as an odd job worker. His only surviving relative, a brother, visits him once a month. As part of Healthier.sg, during his health plan discussion he was assessed to be at average risk for colorectal cancer and accepted a free colorectal cancer screening, using a CRC- FIT testing kit. This test was positive, and he was referred for a colonoscopy, which unfortunately detected colorectal carcinoma. This resulted in him undergoing a colorectal surgery and adjuvant chemotherapy".

References 2

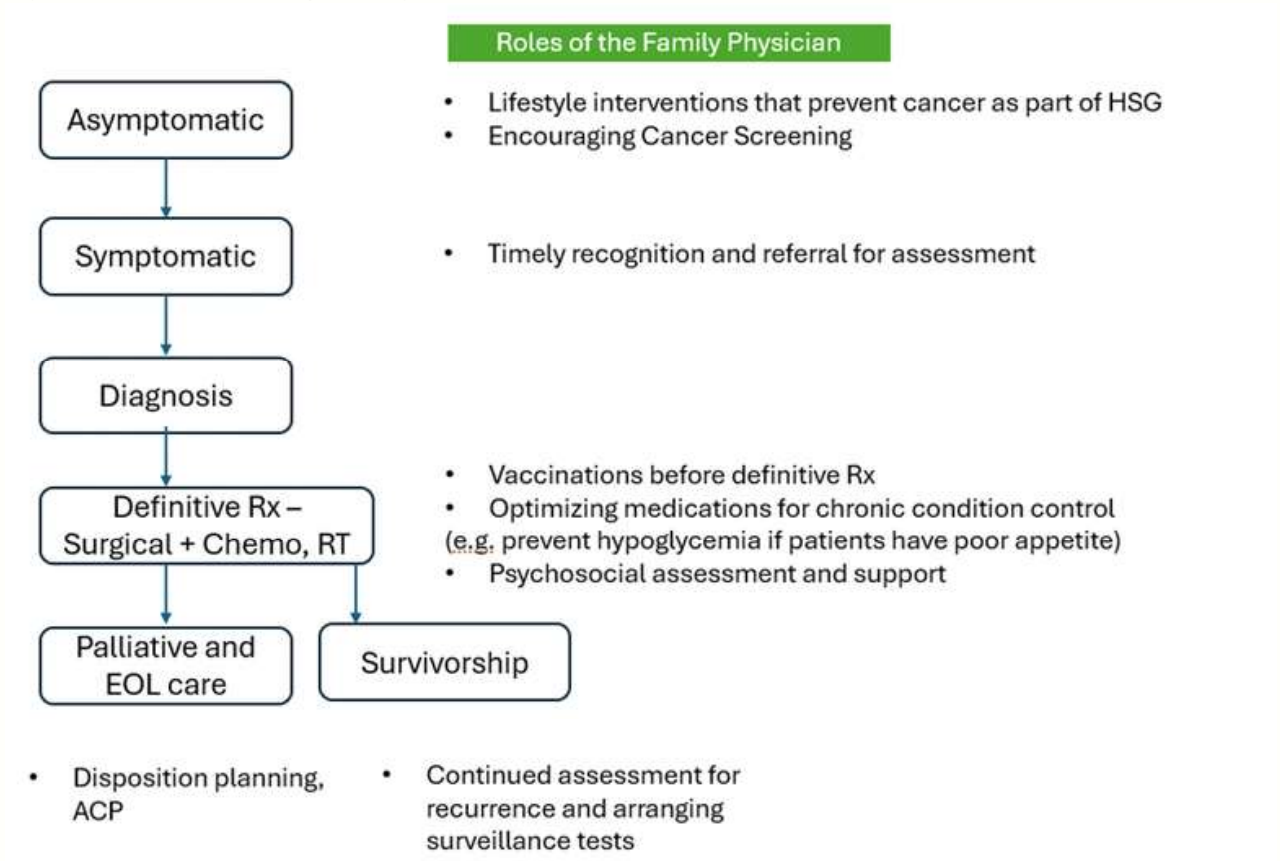
OVERVIEW

Cancer is a leading cause of mortality and morbidity in Singapore. As a result of medical advancements in cancer therapeutics and early detection, the overall cancer survivor rates of all cancer types have improved significantly. This trend was cited in a recent New Straits Times article dated 2 Feb 2026 which stated that there was a 21% decline in cancer deaths despite rising cancer rates in Singapore. Survivors of cancer experience a myriad of issues ranging from physical ailments to psychological, financial, social, spiritual and emotional woes[1]. Globally and locally, there is greater recognition of the value of a patient-centric, shared- care model for cancer survivorship. This involves multidisciplinary interprofessional care and support from both primary and community care, to improve health and wellness of cancer survivors and their caregivers. This can result in reduced cost, increased continuity of care and reduced burden on oncology and tertiary institutes[2]. Community-based survivorship care also helps to promote healthier living and empowers patients to be active drivers of their own health. Cancer survivorship does not only start at diagnosis, but throughout and beyond cancer treatment.

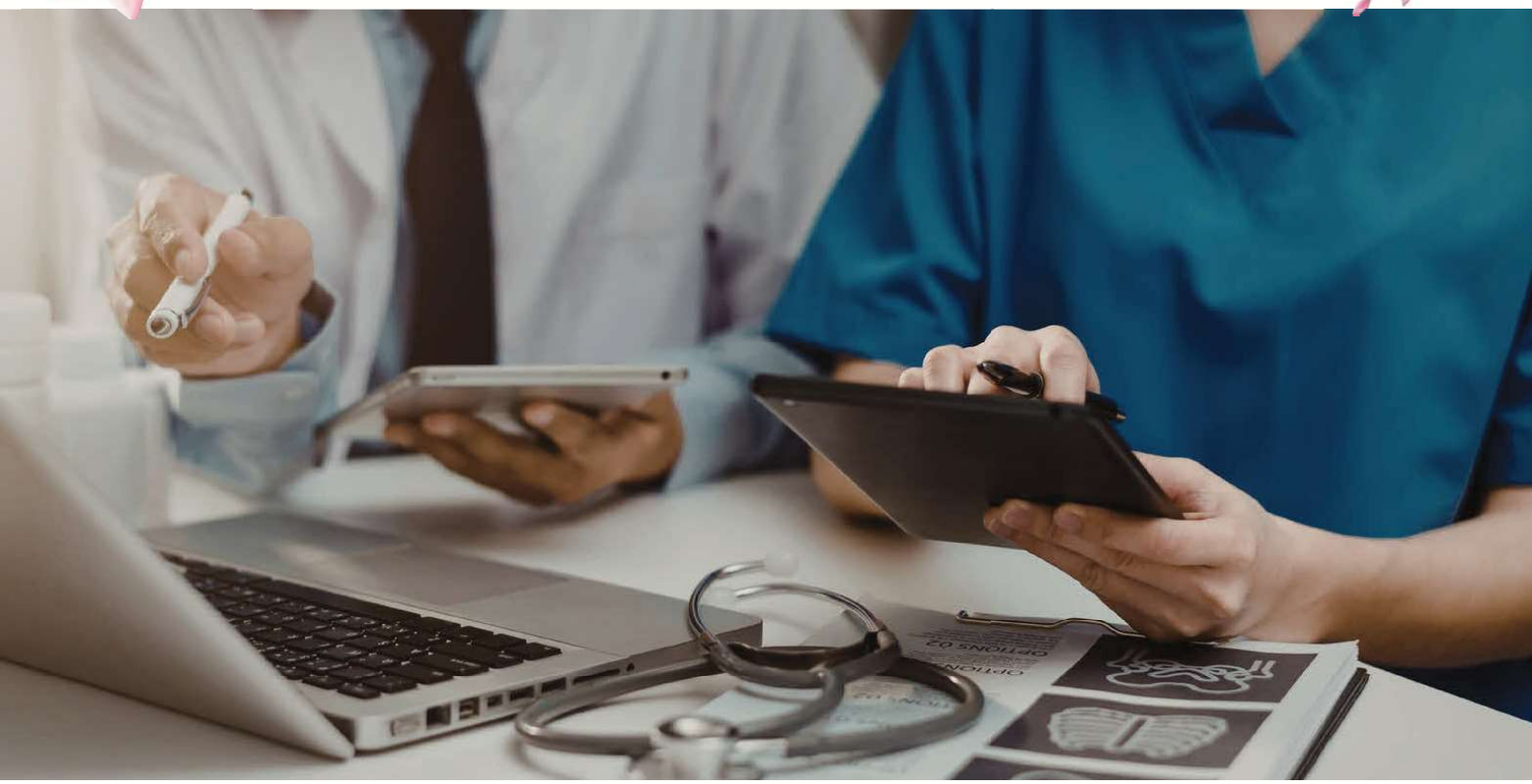
THE ROLE OF FAMILY PHYSICIANS

The family physician plays an important role in bridging care at each step of a patient's cancer journey (Figure 1). This closely aligns with the intent of the Healthier.sg enrolment, of maintaining longitudinal continuity of care.

Figure 1 – Patient Journey through cancer care



In the case of Mr Tan, prior to the start of his cancer treatment, he returned to his Family Physician, for a review of his chronic conditions. The doctor optimised his medications to manage his chronic diseases and ordered relevant adult vaccinations. The vaccinations would protect him from common infections during his cancer treatment, when his immunity was expected to be low. As his appetite reduced during the period of adjuvant chemotherapy, he continued seeing his Family Physician who down titrated his oral hypoglycemic medications whilst monitoring glycemic control. Close titration of his anti-hypertensive medication was also required to maintain his blood pressure during this period.



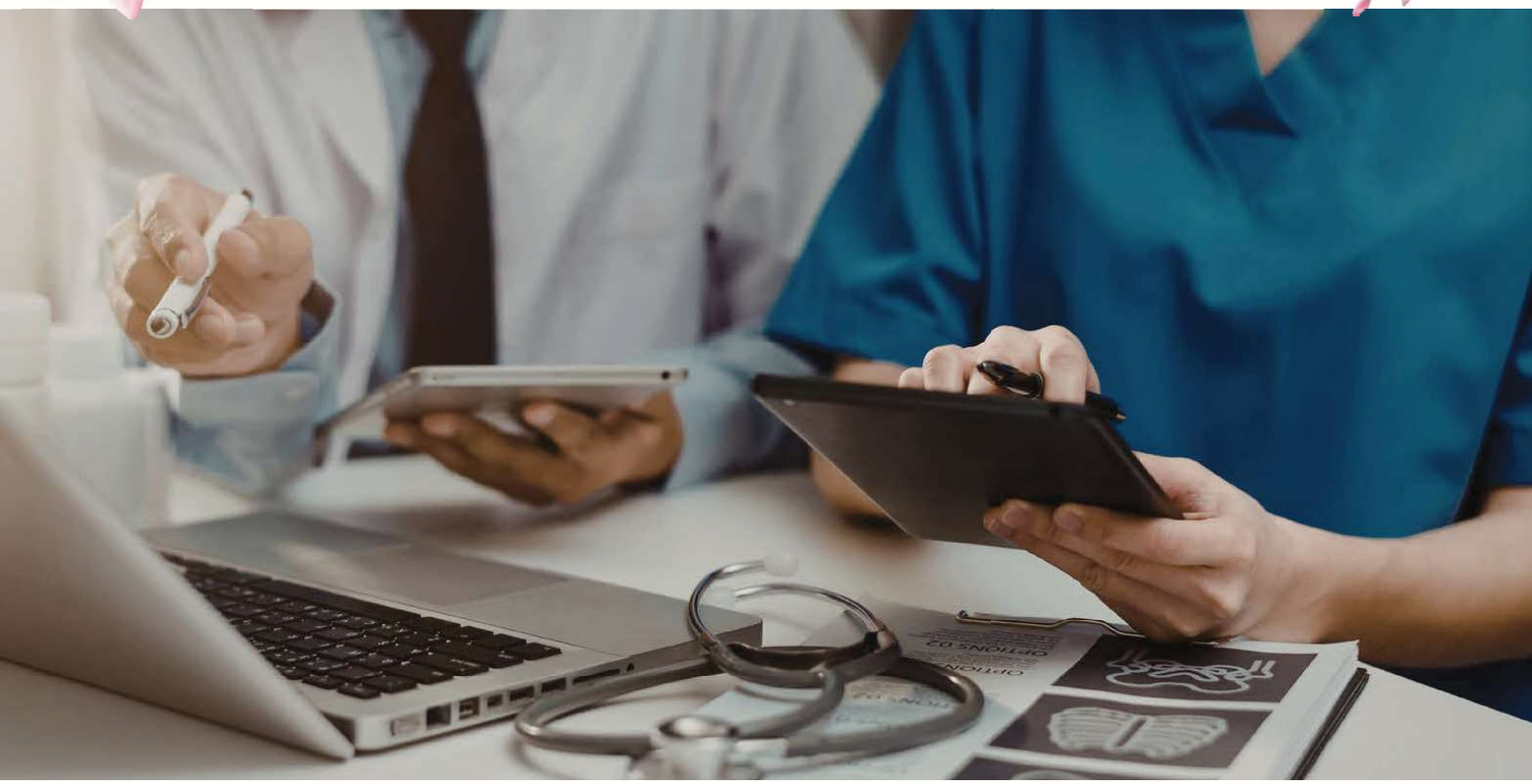
THE ROLE OF NURSES

The nurses in primary care administered the vaccinations whilst explaining how they were meant to protect him. They also provided him with timely health education to empower Mr Tan to optimise his management of his chronic medical conditions. This, to equip him to be well prepared to manage his chronic medical conditions during his pre and post -surgical period. Mr Tan's assigned Care Manager (Nurse) also consulted the doctor and dietitian to reinforce the advice given so Mr Tan understood what he needed to do. Post-surgery, the nurse was also involved in helping him to liase with the hospital when Mr Tan encountered some problems with his surgical drains. The nurse also assisted with wound care management and updated Mr Tan and his medical escort on all his review appointments. She also provided timely advise on fall prevention and activities of daily living at home.

THE ROLE OF THE MEDICAL SOCIAL WORKERS

Mr Tan was temporarily unable to work and was referred to a Medical Social Worker (MSW) for care arrangement support and financial assistance.

Psychosocial interventions coupled with medical care can reduce suffering, increase emotional resilience and functioning during cancer treatment[4]. With the recent focus on social and health integration, social workers increasingly work in close collaboration with hospital staff, primary care and community partners to meet the holistic needs of cancer patients and their families. The other issues that were addressed by the MSW, are listed, below.



THE ROLE OF THE MEDICAL SOCIAL WORKERS

Financial Support	Care Arrangement	Social and Emotional Support
• A referral to the Social Services Office (SSO) allowed Mr Tan to receive cash assistance and financial help with his utilities, rental fees and medical bills. • This provided relief from worries about ending up in debts.	• Mr Tan was weak from his surgery and chemotherapy, so arrangements were made for house-keeping services, meal delivery and a medical escort to bring him for his medical appointments. • A home nurse was assigned to help check on Mr Tan's vital health parameters, provide health education and assist with medication packing.	• Mr Tan was lonely as a result of loss of daily routine of going to work due to his health woes. • He was enrolled into an Active Ageing Centre (AAC) and this elevated his mood, overcame his social isolation and helped him to pass his time more productively. • Staff from the AAC were also able to monitor his ongoing well-being and provide assistance when needed.

THE ROLE OF THE DIETITIANS

Nutrition is a key pillar in supporting recovery, preventing recurrence, and improving quality of life.[5,6] Dietitions do the following:

Early Identification of Nutritional Issues

- Ask specifically about weight loss, appetite, swallowing difficulties, or changes in taste and smell during routine reviews.[5,7]
- Recognise signs of malnutrition or sarcopenia, especially among older adults and those with comorbidities.[7]

Address Common Nutrition-Related Symptoms

- Ask for altered taste and reduced appetite.
- Encourage small, frequent meals; provide advice on adding natural seasoning such as herbs and spices to enhance flavour; and include protein at every meal (2-3 servings per day). [5,7]
    - Examples of 1 serving of protein, are as follows:
        - One palm size (90g) of animal protein
        - 2 small blocks of soft beancurd (170g)
        - ¾ cup (120g) of cooked pulses
        - 3 eggs
- Enquire about bowel changes post-surgery or chemotherapy.
- Guide patients to adjust fibre intake and maintain hydration.[7]
- Encourage a variety of fruits and vegetables and if tolerated, wholegrains.
- Optimise glycaemic and lipid control: Reinforce balanced meals and regular monitoring in those with chronic conditions like diabetes or hyperlipidemia.[5]

Coordinate of Care and Referral

- Work with Care teams to administer individualised nutrition care plans, especially for patients with weight loss, poor oral intake, or complex needs such as poorly controlled chronic conditions.[5,7]
- Liaise with oncology teams, community nurses, and social services to address food insecurity or psychosocial barriers for adequate nutrition.[6]

References 7

Reinforce Healthy Eating and Lifestyle Habits

- Promote a complete, balanced diet rich in whole grains, fruits, vegetables, and lean proteins.[5,6]
- Encourage regular physical activity, smoking cessation, and minimal alcohol consumption.[5,6]
- Support long-term weight management and monitor metabolic parameters post-treatment.[5]

Sustaining Survivorship and Quality of Life

- Acknowledge that nutritional needs evolve through the survivorship journey—from treatment recovery to long-term health maintenance.[5,7]
- Empower patients through education and self-management strategies to sustain dietary changes.[5]

Oral Nutritional Supplements

- Dietitians can provide inputs to care teams on individualised prescriptions of appropriate oral nutritional supplements based on patient's clinical conditions, when dietary intake is poor.

Continuity of Coordinated Care by an Interprofessional team

Mr Tan's case illustrated that persons with chronic medical conditions required patient-centric, shared-care for cancer survivorship. This entailed coordinated, holistic, multi-disciplinary care with adequate focus on interprofessional collaborative practice amongst the providers from different sectors (hospitals, primary care and the community). Interprofessional collaborative practice requires healthcare professionals to have clarity on their own roles and responsibilities, and that of other healthcare professionals involved in the spectrum of care continuum. This includes, being mindful of specific needs of cancer survivors and, communicating these needs optimally in their hand-off communications to both healthcare professionals and community care providers.This patient-centered approach ultimately helped Mr Tan to cope better with his acute illness, gain healthy weight, stabilise his chronic medical conditions and continue on his healing journey.

"Doc, I fell and hit my tooth… ouch!"

What Primary Care Teams Should Know About Managing Dental Trauma

By: Dr Denty Gozali, Dental Surgeon, National Healthcare Group Polyclinics

It's a busy Monday morning at the polyclinic. A 9-year-old boy walks in with his anxious mother. "Doc, he fell at school and hit his front tooth," she says. The child is teary but alert – his upper front tooth looks chipped, and his lip slightly swollen. Mum has brought the broken tooth fragment, wrapped in tissue.

This is a scene familiar to many of us in primary care – from toddlers learning to walk, active teens, to adults slipping in the bathroom. Dental trauma can affect anyone, and while not always life-threatening, polyclinic and GP play a crucial role in early recognition and the right first steps to preserve teeth and function as first-contact providers.

References

First Impressions Matter

- **Stay calm, act fast.** Always rule out soft tissue, jaw or head injuries first.
- **Ask key questions:**
  - o When and how did the injury occur?
  - o Is the tooth mobile, displaced, or missing?
  - o Any fragment found or tooth completely avulsed?
  - o Is there bleeding, pain, or difficulty biting?

Common Dental Injuries

Type of Injury	Key Findings	Immediate Advice/ Management
Tooth fracture	Chipped edge or broken tooth, pain to cold	Save fragments in milk/saline, refer to dentist, avoid temperature extremes
Luxation (displaced tooth)	Loose or displaced tooth: looks pushed in, out, or sideways, tender to touch	Avoid manipulating, refer urgently to dental team to reposition + splint
Avulsion (knocked-out tooth)	Whole tooth completely out of socket	If permanent (adult) tooth – handle by the **crown only**, rinse briefly in milk/saline, **replant immediately if possible + bite on cloth to hold in place**, or if unsure, store in milk/saline/saliva while transporting patient urgently
Soft tissue injury	Lip/tongue/gums laceration, bleeding	Clean gently, apply pressure, check for embedded fragments, assess tetanus status

When to Refer

All dental trauma cases should be referred urgently – ideally **within the same day**. For complex injuries (e.g. root/jaw fractures, avulsion in children), follow **IADT (International Association of Dental Traumatology) 2020 Guidelines**: www.iadt-dentaltrauma.org.

Takeaway: Early recognition, calm guidance, and prompt referral can make the difference between saving or losing a tooth!

Quick Tips for Primary Care Teams

- **Do not handle tooth roots –** hold only the crown (white part).
- **Time = tooth survival.** Replant avulsed permanent teeth within 1 hour if feasible. Incorrectly positioned tooth can be repositioned up to 48 hours post-trauma.
- **Moist environment = best prognosis**. Use milk, saline, or the patient's saliva for transport – never dry.
- **Check for head injury or facial fractures** in significant trauma.
- **Record**: date, time, tooth involved, mechanism of injury.
- **Always assess tetanus status and antibiotic need**. Provide analgesia.
- **Refer early** to dental services or hospital urgent dental care clinic.

Did You Know?

A tooth replanted within 15-30 minutes has the highest survival rate. Primary (baby) teeth should not be replanted – risk of damaging developing permanent (adult) teeth.

PRIMARY CARE ACADEMY

Primary Care Academy (PCA) is a one-stop, regional training centre catering to the training needs and skills upgrading of primary care doctors, nurses, allied health professionals and ancillary staff in primary care. Besides, PCA also provides informative and interactive health talks and workshops for community/public and corporate audiences alike.

UPCOMING EVENTS

Clinic Assistant Course

Basic Level

Module 1 (Patient Care & Health Management) : **12 May or 4 Jul 2026**
Module 2 (Patient Engagement & Care Transition) : **15 May or 11 Jul 2026**
Module 3 (Safe Medication Practices) : **21 May or 18 Jul 2026**

1.30pm - 6.00pm
Ang Mo Kio Polyclinic

For more information, visit
https://for.sg/v52hbw

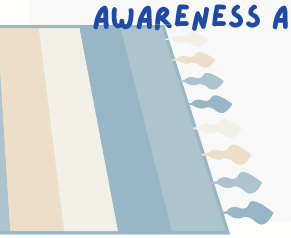
Course fees apply. National Silver Academy (NSA) subsidies available & SkillsFuture credit claimable.

MENTORING – A GUIDE BY THE SIDE

3 June 2026, 9am - 5.30pm
Yishun Polyclinic

For more information, visit
https://for.sg/mentoringfy26

CARPET – CULTIVATING HEALTH LITERACY AWARENESS AS A PATIENT ENGAGEMENT TOOL



21 May 2026, 2pm to 6pm
Yishun Polyclinic

For more information, visit
https://for.sg/carpetfy26

HEALTH COACHING FOR THE COMMUNITY PRACTITIONER

Day 1: 16 July 2026, 2pm to 5:30pm @ Ang Mo Kio Polyclinic
Day 2: 30 July 2026, 8:30am to 5:30pm @ Ang Mo Kio Polyclinic
Day 3: 6 August 2026, 2:00pm to 4:30pm @ Virtual

For more information, visit
https://for.sg/healthcoachingfy26

Contact us

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