



Chit Chat

Dover Park Hospice Volunteer Newsletter
October - December 2021 Issue

Weekly	Activity	Time	Group
Monday	On Piano - Ms Ng Bie Tin	4:00pm - 5:00pm	Sapphire (Musicians)
Tuesday	Hair-cutting	8:30am - 10:30 am	Sunstone
Thursday	Patients' Outing	8:30am - 12:00pm	Emerald
Friday	Happy Hour	4:15pm - 5:15pm	Sapphire
	On Piano - Mr Patrick Foo	12:30pm - 1:30pm	Sapphire (Musicians)
Saturday	Gardening	10:00 am - 1:00 pm	Topaz Sunshine
	On Piano - Mr Lin Xu Zheng - Dr Lai Kok Fung	3:00 pm - 4:00 pm 4:00 pm - 5:30 pm	Sapphire (Musicians)
	Massaging Patients	3.30pm - 5.30pm	Opal

Weekly	Activity	Time	Group
Monday 11 October 2021 3 November 2021 13 December 2021	Pet-Assisted Therapy (2nd Monday of the month)	3:00 pm - 4:00pm	Ruby
Wednesday 20 October 2021 17 November 2021 15 December 2021	Soup for Patients (3rd Wednesday of the month)	12:00pm - 1:30pm	Pearlie's Angel's
13 October 2021 10 November 2021 8 December 2021	On Piano - Ms Yuko Arai	10:30am-11:30am	Sapphire (Musicians)
Saturday 2 October 2021 6 November 2021 4 December 2021	Birthdays	3:00 pm - 5:00pm	Diamond
2 October 2021 6 November 2021 4 December 2021	Ukulele performance for patients by Moulmeir Cairnhill Ukulele Interest Group	3:00pm - 4:00pm	Aquamarine
9 & 23 October 2021 13 & 27 November 2021 11 & 25 December 2021	Popular evergreen songs for patients	11:00am - 12:00pm	Charis Amethyst
9 & 23 October 2021 13 & 27 November 2021 11 & 25 December 2021	Saturday Afternoon Sing-Along	3:00pm - 5:00pm	Blue Sapphire
23 October 2021 27 November 2021 25 December 2021	Pet-Assisted Therapy	10:00 am - 11:00 am	Ruby
2 & 16 October 2021 6 & 20 November 2021 4 & 18 December 2021	Arts & Craft	2:00pm - 5:00pm	Crystal
Saturday 10 & 17 October 2021 14 & 21 November 2021 12 & 19 December 2021	Kopi & Roti Session	10:00 am - 12:00pm	Soka

For more information on DPH programmes, please contact:
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Paw-some Virtual Pet Visits

With the support and assistance of volunteers from Ruby Group (pet-assisted activity) and their beloved pets, Dover Park Hospice continues to engage patients through tele-befriending with pets amid COVID-19. Let us invite a few of our volunteers from Ruby Group- Leanne Tham, Suki Kwee, Han Li Lin, Lanny Santoso, to share with us their virtual volunteering experience with their pets.



Staff facilitating pet televisits in the wards

Q1: Pet-assisted activities have always been conducted physically (during pre-COVID-19 days). Could you share with us the differences between physical volunteering and virtual volunteering with your pets?

Leanne: There are a few obvious differences such as transportation logistics, interaction and preparation time.

Suki: Virtual volunteering allows us to continue with the pet activity sessions as well as keep in contact with staff members like Shou Wee and Yue Feng. The patients are usually still able to give responses virtually, such as with smiles or by asking questions which will give them a break in their daily routines and I hope the pets make them happy! Of course, being physically present allows us to have face-to-face interactions with patients which I feel can never be substituted. One such example is when patients allow pets to lie down next to them on the bed, I would think that it must be psychologically more impactful.

Li Lin: Pet-assisted activity is heavily dependent on

the sense of touch. The warmth is also especially important for pets and volunteers when they are physically present with the patients. This is, unfortunately, not possible with virtual volunteering. When we volunteer virtually, conversing with the patients becomes one of the predominant modes of engaging the patients.

Lanny: Physical volunteering has allowed me and my dogs to engage patients and connect with them. Sometimes it can be quite heartening to observe the comfort that dogs can bring to the patients during these physical visits. Virtual volunteering is quite challenging from the technology aspect as the connection can be quite unstable at times. To some extent, the level of engagement with patients is also weaker online.

Q2: Do you face any challenges how did you overcome them?

Leanne: At the start, arranging a suitable place at home to position my pet rabbit and iPad, without sacrificing home privacy and yet achieving an aesthetically pleasing backdrop was a challenge. It is hard to use background filter for this purpose as my rabbit is white and hence, he will disappear into the background. Thankfully, when the sweet spot of the house is found, everything falls in place easily.

Suki: Nothing astronomical and have gotten used to manoeuvre the iPad to get a better screen visual. Also, when I go to the hospice physically, I normally interact with English-speaking patients. Virtually, I depend on Yue Feng as the interpreter for Chinese-speaking patients, which is very helpful.

Li Lin: As therapy through sense of touch is not an option, volunteers and staff had to think of innovative ways of engaging the patients by

preparing videos of the pets, playing games with the patients, having the pets show-off their tricks on camera, doing virtual high-fives and flying kisses with the patients.

Lanny: At the beginning, I was not sure how the pet-assisted activity could be carried out virtually. However, after observing a couple of sessions facilitated by the Volunteer Programme team and social workers and therapists, I found that the sessions were surprisingly quite interactive. Eventually, I resumed the Pet-Assisted activity virtually using my laptop / iPad and cleared some physical space for my dog to have enough space to perform simple tricks. Their tricks on camera, doing virtual high-fives and flying kisses with the patients.



Volunteer Lanny and Pet Dogs, Fluffy, Jester & Jacque



Volunteer Suki and Pet Dog Chloe



Volunteer Lenne, David and Pet Rabbit Mr Cotton



Volunteer Li Lin and Pet Dog Bailey

Q3: Could you share with us your most memorable virtual pet-assisted activity encounter/ experience?

Leanne: In general, the most memorable moments would be those impromptu ones where we guessed riddles with the patients, drawing much laughter from everyone online.

(which means “Grandmother” in dialect). All of us had a good time laughing at the thought of Bailey being able to speak and Ah-Ma agreed that both she and Bailey would become an internet sensation!

Suki: When one of the patients asked a few questions about Chloe’s eating habits, breed, age. It was nice to see such positive response and interaction.

Lanny: One of the patients was so fascinated with my three dogs, she was really interested and curious to get to know them. I was glad that my dogs and I could still engage the patient virtually, to make a positive difference to her day.

Li Lin: During one of the virtual sessions, a lovely elderly patient asked Bailey to call her “Ah-Ma”

In October, our Senior Pharmacist Peh Zi Xin was invited to be one of the guests for the “Slice of Life” podcast series, initiated by “Project Happy Apples”, a student-led group from NUS Yong Loo Lin School of Medicine. The series aims to empower future doctors and keep society informed on the intricacies of end-of-life and palliative care.

In this podcast episode, Zi Xin talks about the role of a pharmacist and shares her experience and views on palliative care in the hospice setting. You may find the abridged version of her interview below.

1. Not many people are aware of the importance of a pharmacist in palliative care. Would you mind sharing what palliative care means to you, and how your role ties in with the rest of the multidisciplinary team at the hospice?

The role of pharmacists in a healthcare setting is to ensure effective and safe medication use, especially so in palliative care where our goals of care would be to keep patients comfortable at the end of life. Hence, my role is to ensure that my patients’ symptoms are well taken care of, and if there are medications that can relieve their symptoms, I will see to it that it is suitable, with the right drug, dosage and route and make recommendations for drug uses based on effectiveness, cost and availability.

2. Why did you choose to work at a hospice, as opposed to a hospital?

I was previously working in an acute hospital, where I felt that my practice in such a setting has prepared me for my hospice practice. In hospital, we do broad-based practice, rotating to different wards and specialties but I found that palliative care gives me a lot of meaning as a person and as a pharmacist. Therefore, I would say that my practice as a hospital pharmacist has allowed me to realise my passion and interest in this area. I enjoy my current job scope as it allows me to have a good balance of both clinical and administrative aspects in Dover Park Hospice.

3. What would your day to day roles and responsibilities be at work?

I participate in the daily ward review and medication reconciliation of new admissions each day. I also do administrative duties such as managing inventory, stocks, workflow and policy updates. As I am the first pharmacist here, I am glad to have started out some sort of structure and standard operating procedures to guide our staff. I am also involved in sharing knowledge with other staff during in-service lectures and department

meetings.

4. Can you tell us about a patient that left a lasting impression on you at the hospice?

I remember a patient who had brain cancer, resulting in behaviours such as agitation and delirium that were difficult to manage. We eventually managed to adjust her medications to stabilise her, which was a challenging task as she required quite out of the norm dosages and dosing frequency to do so.



Senior Pharmacist Peh Zi Xin

However, the most memorable thing about this case was that our clinical team witnessed the love and strong bond between the patient and her husband. Her husband was really very dedicated towards her, and even towards the end when the patient was no longer communicative, he visited every day just to be by her bedside to speak tender words to her all the way till the patient’s demise.

His dedication and love reminded me that every patient here, regardless of his or her condition, is somebody’s loved one too and that we should treat all of our patients here with dignity and respect just as how we would wish for our loved ones to be cared for. Our responsibilities as healthcare workers are not just towards the patients, but also to their families and loved ones.

5. From an outsider’s point of view, a pharmacist is simply responsible for the management of the patient’s medications, and not involved in the more social side of caring for the patient. Is this true?

Both the art and science aspects exist in medicine and we cannot neglect either of these. As a pharmacist, I do place more emphasis on the diagnosis and treatment, as well as medication use. However, I also need to be aware of the social circumstances of the patients as that allows me to understand the patient as a whole and how I can really help them.

For example, knowing that an elderly patient stays alone or has financial difficulty or health illiteracy can allow me to understand why he is unable to take his medications at the scheduled time. With that understanding, it can allow me to tap on other resources to help him, such as medication delivery services or pill boxing in advance.

Tune in to the full episode of the podcast via the links below!
 Spotify: <https://spoti.fi/3CmHngL> Apple Podcast: <https://apple.co/2Zs5rAm>
 Google Podcast: <https://bit.ly/3GtDY2g> Overcast: <https://bit.ly/2ZwErA6>