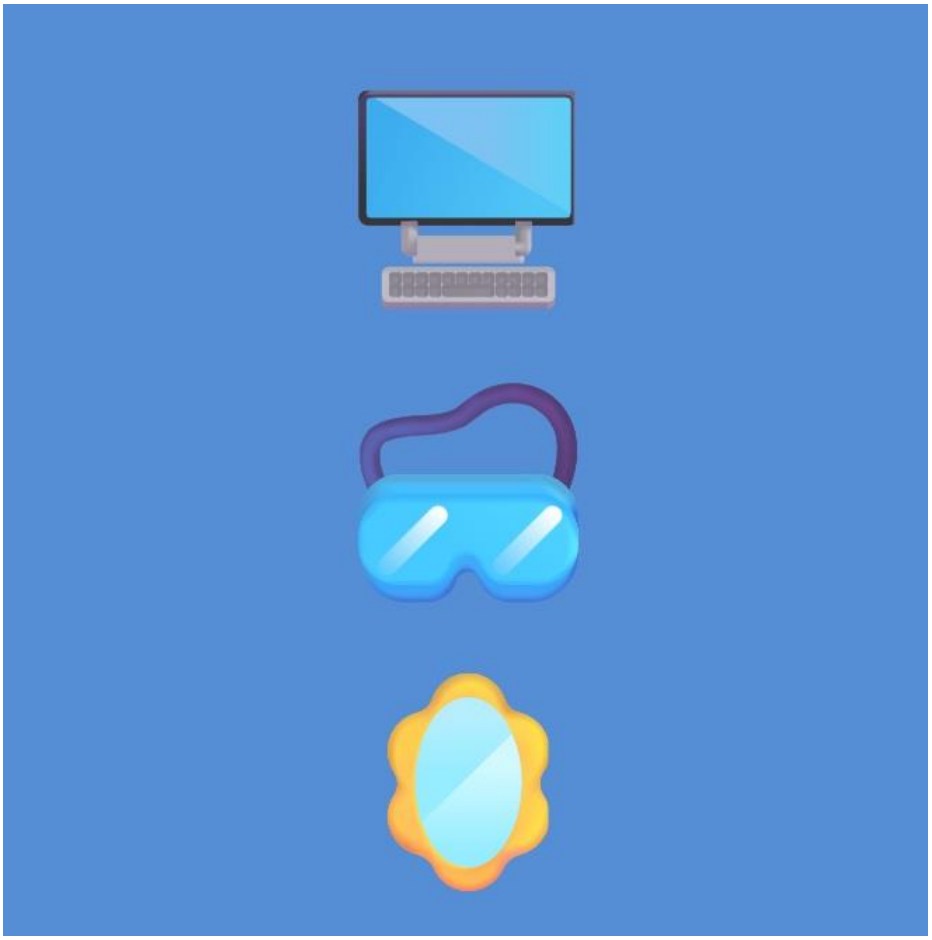
SNA Connect
A TRI-ANNUAL NEWSLETTER OF THE SINGAPORE NURSES ASSOCIATION
Issue for January – April 2026

Driving Innovation in Nursing Education using Technology



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September – December 2026
What Keeps Nurses Going

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9th Asia Pacific Nurses Convention (ASPAN) on 25th to 27th June 2026

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Dear readers,

The SNA *Connect*, SNA's nursing newsletter, is intended to provide information for nurses, by nurses, in Singapore. We have much to share, and much to celebrate!

We wish to thank everyone for their contributions to the newsletter. We hope to spotlight and feature a wide range of activities and initiatives by nurses and events and trends in nursing.

Editorial Team,
SNA *Connect*

Submission Guidelines for SNA Newsletter

We invite you to submit your organisation/chapter news to sna2@sna.org.sg

Please ensure that the following information is included with your write-ups:

1. Your full name and designation if you are writing through your organisation or the name of the chapter(s) that you are representing.
2. There is no word limit for your write-up, however, try to avoid overly lengthy submissions. You can attach photographs with your write-ups.
3. Authors must ensure that permission(s) have been obtained for all the photographs submitted with their write-ups.
4. All photos submitted must be clearly labelled to ensure accuracy.
5. It is the author's/authors' responsibility to ensure the accuracy of all submissions.
6. Authors must ensure that their references adhere strictly to the current APA guidelines.
7. All submissions to the SNA *Connect* must be in Word document.
8. We appreciate all submissions to SNA Connect; however, articles with substantive research content would be best published in the Singapore Nursing Journal.
9. **Before submitting, please ensure that your write-ups follow grammatical rules; write-ups that do not have focus or with multiple grammatical errors will be rejected.**

Please note that the editorial team reserves the right to edit submissions

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The Evolution of Nursing Education

The landscape of professional nursing education and training has undergone a profound transformation. These advancements can be categorised into two distinct yet complementary pillars: "Heartware" and "Hardware."

The "Heartware": Pedagogy and Personalisation

Since the turn of the twenty-first century, we have seen a significant shift toward evidence-based teaching strategies. In this era of pedagogical refinement, proven instructional methods are prioritised while antiquated, ineffective techniques are phased out. Educators are increasingly tailoring curricula to diverse learning profiles, leveraging frameworks such as the VAK (Visual-Auditory-Kinesthetic) modalities and Honey & Mumford's learning styles to ensure information is not just delivered, but retained.

The "Hardware": Technology and Immersion

On the "Hardware" front, academic and healthcare institutions have transitioned far beyond traditional lectures. Today's learning environment utilises a sophisticated mix of multimedia, interactive quizzes, and hybrid delivery models.

Strategic collaborations are pushing the boundaries of what is possible:

- **Virtual Reality (VR):** Nanyang Polytechnic's School of Design & Media partnered with IHH Parkway East Hospital to develop VR simulators that train nurses in critical safety procedures.
- **Extended Reality (XR):** The SingHealth Duke-NUS Institute of Medical Simulation (SIMS) i3 Hub utilises a suite of XR solutions—immersive technologies that merge physical and virtual environments—to provide high-stakes clinical training in a controlled setting.
- **High-Fidelity Simulation:** Facilities like the NUS Yong Loo Lin School of Medicine's Centre for Healthcare Simulation offer students the opportunity to practice complex care on advanced manikins that mimic real human physiological responses.

A New Era of Learning

We have moved past the era of unidirectional classroom teaching and rote memorisation. With the integration of AI engines like Google Gemini to assist in lesson planning and curriculum design, the methodology of training is evolving as fast as the technology itself. In the modern nursing landscape, the future of education is limited only by the boundaries of our imagination.

Tham Juncheng Derek
Chief Editor
SNA Connect

Driving Innovation in Nursing Education using Technology in NTFGH

In today's rapidly evolving healthcare landscape, nursing education goes beyond the conventional classroom learning experience to meet real-world clinical demands. At Ng Teng Fong General Hospital, the key driver in instructional innovation is a well-defined goal: "To empower nurses with the confidence, competence, and compassion required to deliver safe and high-quality patient care."

A cornerstone of this approach is experiential learning through simulation at the JurongHealth Simulation & Clinical Education Centre (JSCEC). Using high-fidelity mannequins, nurses simulate real-life clinical scenarios, such as Code Blue emergencies. This equips them with critical thinking, effective communication, and teamwork in a physically and psychologically safe environment. The experience is further enhanced by structured debriefs following each session that reinforces clinical reasoning and reflective practice—bridging the gap between theory and bedside care.

Digital learning has also been reimagined. Moving away from static, slide-based modules, Nursing Training & Development now designs interactive e-learning using Articulate Storyline and Articulate Rise. This allows nurses to engage with real-life scenarios, make clinical choices and receive immediate feedback — creating meaningful learning experiences that improve engagement and knowledge retention. Mobile-friendly access further supports just-in-time learning, enabling staff to revisit key concepts anytime, anywhere.

Technology also strengthens competency development and operational efficiency. FormSG is used to create concise tip sheets on core skills. This technology helps nurses access quick references at the point of need. Automated workflows powered by Microsoft Power Automate streamline follow-ups and reminders. This helps nurses stay on track with competency deadlines while reducing administrative burden for educators.

Innovation at Ng Teng Fong General Hospital goes beyond these measures through the use of serious games such as the Mobile Virtual Training Platforms introduced in 2010. These solutions allow nurses to learn on the go through scenario-based activities and microlearning — supporting productivity while maintaining continuity of education amidst busy clinical schedules.

Together, these initiatives form an integrated learning ecosystem. Simulation builds clinical confidence, interactive e-learning deepens understanding, digital tools reinforce core competencies, automation ensures accountability, and mobile learning extends education beyond physical classrooms.

Driving innovation in nursing education is not merely about adopting technology. It is about transforming how learning happens. By combining experiential simulation, interactive digital platforms, automated processes, and mobile learning, Ng Teng Fong General Hospital continues to cultivate a future-ready nursing workforce.

The shift from passive instruction to active discovery empowers nurses to practise, reflect and grow—ultimately leading to safer patient care, stronger teams, improved productivity and better outcomes for every patient.

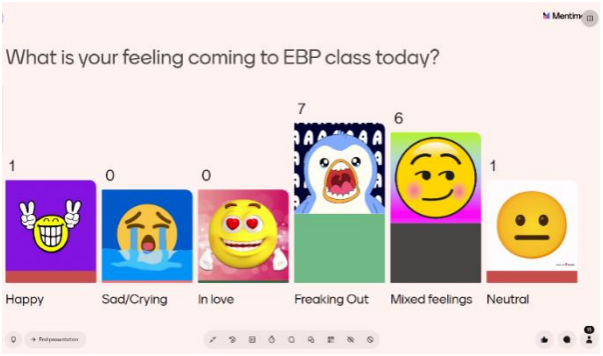
Roshni Akhtar D/O Roshan Muhammad
Senior Staff Nurse
Ng Teng Fong General Hospital

Driving Innovation in Nursing Education using Technology in Mt Elizabeth Hospital

How do we engage every learner, from those with diverse clinical experiences to those with quiet hesitations? Technology has transformed how I answer that question. Gamified platforms like Mentimeter, Nearpod, and Wayground turn passive learners into active contributors. Anonymous responses foster psychological safety, while real-time analytics uncover learning gaps instantly, allowing me to address in moments what once took days.

Automated tools like Microsoft Forms now generate attendance and feedback analytics. When enhanced by generative AI to create visual data, these tools reduce administrative workloads while supporting sustainability.

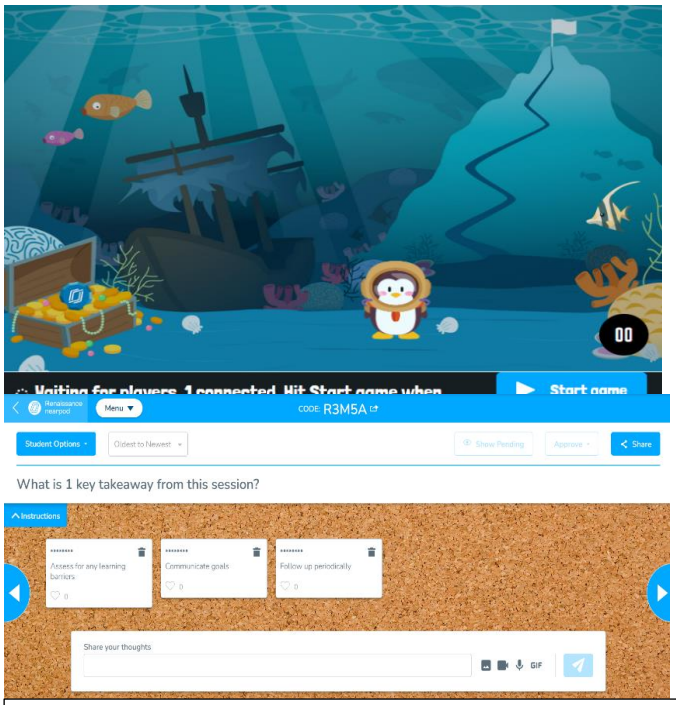
Freed from routine tasks, I can focus on the classroom environment. I see learning unfold in real time: uncertainty in a pause and confidence in a smile. Technology does not replace but rather amplifies human connection, nurturing confident nurses to deliver safe, patient-centered care.



Mentimeter polling for Ice-breaking

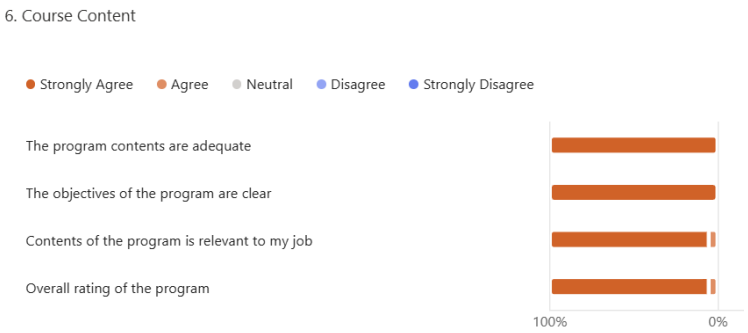
Classtools.net name picker wheel to call out learner- ensuring fairness and increase participation

Driving Innovation in Nursing Education using Technology



Nearpod-putting learner in active role, gamify quiz and enhance collaborative learning-Injecting fun and fostering safe environment for learning

Padlet for group discussion and presentation



MS Forms to evaluate class and generate bar graph-Saving time and paper usage

Koh Yanling, Joanne
Nurse Educator
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Transforming Patient Safety Education Through Technology-Enhanced Virtual Learning Strategies

The COVID-19 pandemic exposed the fragility of traditional patient safety training models and accelerated the need for digitally enabled nursing education. For nursing leaders, the challenge was not merely ensuring continuity of training, but safeguarding the quality, relevance, and application of patient safety education amid increasing clinical complexity and workforce demands.

In response, patient safety education was deliberately redesigned using accessible digital platforms such as **ThingLink**, **Padlet**, **Zoom**, and **Google Docs**.

A 360° virtual ward created on **ThingLink** immersed nurses in identifying safety risks through an escape-room approach, encouraging active exploration, situational awareness, and critical thinking.

Learners worked in **Zoom** breakout rooms, where they collaboratively identified hazards and documented risks and mitigation strategies live in shared **Google Docs**, supporting structured clinical reasoning, accountability, and team-based decision-making that closely mirrors real-world practice. This structured process strengthened clinical reasoning, accountability, and team-based decision-making, closely mirroring real-world practice.

Figure 1. Stylised illustration of the 360° interactive hospital ward created on ThingLink where learners explore hotspots, uncover safety hazards, and collaboratively build skills in risk identification.

Padlet served as a centralised, live learning hub during the virtual session, providing ready access to all session materials, structured activities, and essential resources. This enabled seamless navigation across learning components and supported reflection, vignette analysis, and SBAR role-play, reinforcing effective communication and safe escalation behaviours.

Learner feedback demonstrated improved confidence in applying patient safety principles, identifying and mitigating risks, and communicating concerns clearly. Beyond sustaining learning during disruption, this initiative highlights how purposeful use of technology can strengthen educational outcomes while remaining scalable, inclusive, and sustainable.

Ultimately, this work underscores the evolving role of nurse educators as strategic leaders of innovation by intentionally harnessing technology to shape thinking, influence practice, and build a resilient, future-ready nursing workforce where patient safety remains central.

True innovation in nursing education begins when we reimagine how nurses think, decide, and act for patient safety.

Aisyah Salleh
Senior Nurse Educator, Woodlands Hospital
Involved in the design and facilitation of technology-enabled patient safety education initiatives.

Wang Wenjing
Assistant Director (Nursing), Woodlands Hospital
Provides leadership oversight and organisational support for nursing education and innovation.

Beyond the Looking Glass: How AI-Enabled Smart Mirrors are Transforming Healthcare Training and Education

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Introduction

Modern-day healthcare education often emphasises the importance of reflection, from learning to practice and patient outcomes. During the COVID-19 pandemic, however, reflection became a literal act. Healthcare workers (HCWs) were required to inspect their personal protective equipment (PPE) in a mirror before entering clinical areas. Additionally, traditional PPE training relied heavily on qualified nurses to conduct competency training and safety checks through audits, practices that were effective but resource-intensive and difficult to sustain over extended periods. This everyday act of PPE training and auditing became the impetus for a different way of thinking and approaching healthcare training and education. This led to the integration of artificial intelligence (AI) into healthcare training and education, opening the door to possibilities once confined to science fiction. Through a collaborative effort, Singapore General Hospital (SGH) transformed a familiar object, the mirror, into an AI-enabled educational tool that trains and supports PPE donning and doffing. This innovation marks a paradigm shift, signalling a broader re-evaluation of how we deliver healthcare training and education, transitioning from resource-intensive to technology-enabled learning that is scalable and complements, rather than replaces, human oversight.

The Challenge: Beyond Traditional Training Methods

PPE serves as our first line of defence against emerging infectious diseases (EIDs), yet its effectiveness hinges entirely on proper donning and doffing techniques. During the height of the COVID-19 pandemic, SGH deployed trained nurses to perform safety checks and encouraged peer cross-checking, also known as buddy systems, which proved effective but were resource-intensive and difficult to sustain. This realisation prompted a fundamental question: how could technology bridge the gap between rigorous safety standards and sustainable educational practices?

Innovation in Action: The AI-Enabled Smart Mirror Solution

The answer came from AI developer Blue Mirror, a New Zealand-based company that specialises in AI-enabled PPE instructions. However, the original application presented its own challenges, as it was designed for non-Asian populations and aligned with Australian PPE standards, underscoring the importance of culturally responsive, contextually appropriate educational technology. The SGH team embarked on a comprehensive validation and customisation process with the developers, enhancing the solution to recognise Asian features and various skin tones while also tailoring it to local PPE standards and protocols. Significantly, the customisation included accommodating diverse cultural and religious practices, such as ensuring the system could effectively guide PPE donning and doffing for healthcare workers wearing hijabs, demonstrating the importance of culturally inclusive design in technology-enabled healthcare training and education. This collaborative approach exemplifies how healthcare educators can actively shape technology to meet their specific educational needs rather than simply adopting “off-the-shelf” solutions.

Transforming Education through Three Innovative Modes

The customised AI-enabled smart mirror solution offers three distinct education modes. First, *PPE buddy mode provides* real-time guidance for HCWs during PPE use, delivering immediate feedback and error correction through prompts and alerts as staff don and doff PPE. Second, the train-and-practice *mode* delivers personalised, one-on-one training for new HCWs and students. This mode allows for repeated practice without requiring human trainers, addressing the perennial challenge of resource allocation in healthcare education while maintaining high-quality instruction. Third, *visitor mode* extends PPE education beyond HCWs to include caregivers and visitors, recognising that effective infection prevention is a shared responsibility and thus requires inclusive education across all stakeholders in the healthcare environment. Together, these modes address different learner groups while reinforcing consistent standards.

Evidence-based Validation: Measuring Educational Impact

The validation study conducted at SGH demonstrates the rigorous approaches that are necessary when implementing technology into healthcare training and education. The team evaluated the application 325 times across both HCWs and lay persons, achieving accuracy rates exceeding 95% for most procedures. The study revealed specific areas requiring refinement, such as detecting self-contamination during mask removal (with an accuracy of 83.2%) and checking gaps in isolation gowns during donning (with an accuracy of 90.5%). Rather than viewing this as a limitation, the team recognises these as opportunities for

continuous improvement, a mindset that is key when adopting technology-enhanced training and education.

Implementation and Adoption: From Validation to Practice:

Following the successful validation of the AI-enabled smart mirror, SGH fully integrated the technology-enhanced training and education method into routine practice. Since November 2024, the Blue Mirror solution has been adopted for hand hygiene and PPE training and competency assessment for all new nurses at SGH by the Institute of Advanced Nursing (IAN) administrative team. Additionally, the AI-enabled smart mirror solution was shared with various SingHealth institutions, which have adopted the technology to train nurses, doctors, and ancillary staff. The adoption within SGH and across multiple institutions demonstrates the successful transition from research innovation to operational practice, validating the scalability and transferability of the innovation across different healthcare settings. This transition moves beyond pilot implementation to sustained organisational change.

Bridging Gaps in Education, Practice, and Patient Safety

This innovation addresses multiple educational challenges simultaneously: (1) *accessibility:* the portable nature of the tablet-based system ensures training can occur anywhere, breaking down geographical and temporal barriers to education; (2) *consistency:* AI-powered instruction eliminates variability in training quality, ensuring every learner receives standardised, evidence-based training; (3) *sustainability:* the solution can accommodate unlimited learners without proportional increases in human resources addressing workforce constraints in nursing education; and (4) *inclusivity:* the team's enhancement to include multilingual and culturally responsive design demonstrates how technology can overcome communication barriers, making healthcare training and education inclusive to visitors and caregivers. Instead of replacing healthcare educators, such tools free healthcare workers to focus on higher-level teaching, mentorship, and clinical judgment.

Lessons for Healthcare Education

The AI-enabled smart mirror project offers key insights for healthcare educators considering AI-integrated technology: (1) *collaborative customisation:* rather than accepting the technology as it is, healthcare educators should actively participate in shaping AI-integrated tools to meet their specific needs and populations; (2) *evidence-based implementation:* rigorous validation studies ensure that educational technology genuinely improves learning outcomes rather than simply appearing innovative; (3) *inclusive design:* considering diverse

learner populations from the beginning ensures technology serves all stakeholders in the healthcare environment; and (4) *continuous improvement:* viewing initial limitations as opportunities for refinement rather than failures promotes a growth mindset essential for successful AI-integrated technology adoption.

Looking Ahead: Preparing for Disease X

As healthcare systems prepare for EID threats, scalable and adaptable healthcare training and education platforms will be critical. The ability to rapidly deploy validated PPE guidance, adapt protocols, and support large numbers of HCWs enables healthcare training and education to respond more effectively to future challenges. The system's modular design could enable quick protocol updates and deployments, ensuring HCWs receive timely updates to the latest PPE guidelines during EIDs. This forward-thinking approach exemplifies how innovative healthcare training and education can build resilience and preparedness for future challenges. By establishing robust, scalable educational systems now, we lay foundations that can adapt rapidly to emerging health threats. The system's cloud-based infrastructure could enable simultaneous deployment across multiple healthcare facilities, supporting coordinated pandemic response efforts and freeing up human resources to be redirected to direct clinical care. Notably, the AI-enabled smart mirror is recommended for pathogens requiring airborne infection isolation such as Middle East respiratory syndrome coronavirus (MERS-CoV) and Nipah virus (NiV), however, pathogens classified as Viral Haemorrhagic Fever (VHF) such as Ebola virus disease (EVD) are not recommended to adopt this technology as PPE training for VHF are complex and would require specialised training from certified competent trainers. During peacetime, such training approaches can also be adopted for 7-step hand hygiene and surgical hand rub preparation, expanding the AI-enabled smart mirror training and education capabilities beyond pandemic preparedness, a vision that has already become reality at SGH and its sister institutions, as aforementioned.

Conclusions: Reflecting the Future of Healthcare Training and Education

The AI-enabled smart mirror project at SGH represents more than a technological achievement. It embodies a fundamental shift in how we conceptualise healthcare training and education. By embracing AI-enabled technology as a collaborative partner rather than a replacement for human expertise, healthcare educators can create learning environments that simultaneously enhance learning, support safety, improve sustainability, and inclusivity. Ultimately, the question is not whether technology should be used in healthcare training and

education, but how it can be meaningfully integrated. In this case, the mirror does more than reflect; it supports safer practice, builds confidence, and reinforces the fundamentals that protect HCWs, patients, caregivers, and visitors. As we look towards the future, such innovations will play crucial roles in preparing the next generation of HCWs for whatever challenges lie ahead. Through this looking glass, we witness more than our own reflection; we catch a vision of healthcare training and education's future, where technology and human expertise are brought together to shape a safer, more impactful learning experience.

Acknowledgements

The authors would like to acknowledge the SingHealth Duke-NUS Academic Medicine Research Grant Call FY2021: Special Category for funding the initial validation study. We extend our gratitude to the Blue Mirror team, particularly Mr Rommie Nunes, Chief Executive Officer, for their collaborative partnership in customising the solution for Asian populations and local healthcare protocols. Special thanks to all HCWs and visitors who participated in the validation study, and to the Infection Prevention Nurses and researchers who served as observers during the validation process.

This article is based on the research conducted at Singapore General Hospital in partnership with Blue Mirror, demonstrating the transformative potential of AI-enabled educational technology in healthcare training and education.

Transforming Nursing Education with KakiCare

Clinical Instructors (CIs) and preceptors play a crucial role in developing future nurses, often while managing substantial clinical and educational demands. At Sengkang General Hospital, where 132 CIs support nearly 800 students each placement cycle, educators encountered recurring challenges, including repetitive enquiries, fragmented information, and time-consuming administrative responsibilities.

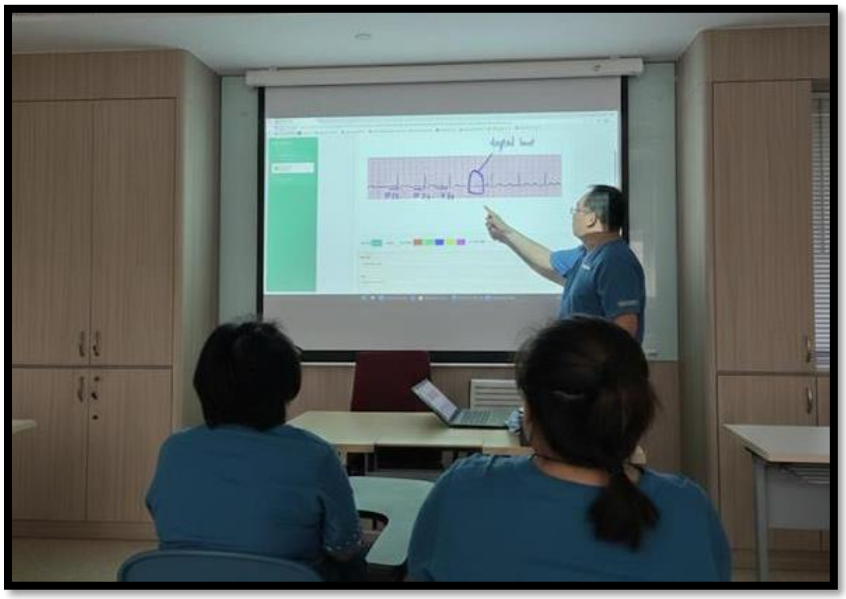
To address these challenges, KakiCare—a conversational AI assistant developed on OGP's Pair platform—was created in collaboration with the Undergraduate Team. It delivers timely responses to common queries on guidelines and policies, facilitates the drafting of learning contracts aligned with institutional rubrics, and supports the structured documentation of weekly student progress updates.

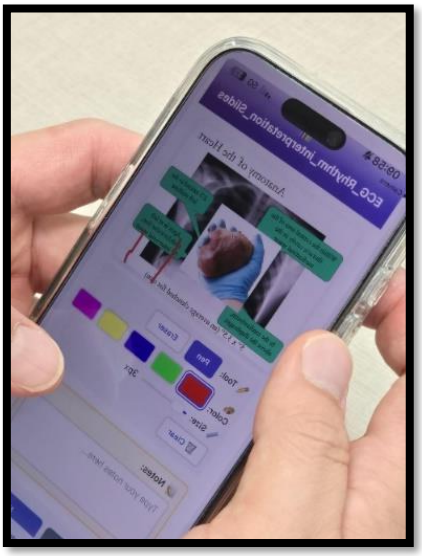
Feedback from Clinical Instructors indicates enhanced access to guidance and a reduction in administrative workload, enabling more time to be dedicated to meaningful student support. Plans are in progress to expand KakiCare to all preceptors and to explore broader implementation across nursing education.

Chia Tat Jin
Senior Nurse Educator
Nursing Education & Development
Sengkang General Hospital

Transforming ECG Education Through Interactive Digital Tools

Accurate electrocardiogram (ECG) interpretation is critical to patient outcomes. However, I observed that many nurses relied on static slide-based materials, which limited engagement and knowledge retention. In response, I redesigned the educational approach by developing interactive, HTML-based training modules that facilitate active learning. These modules enable nurses to annotate rhythm strips, incorporate clinical notes, and save their work for ongoing review, thereby enhancing comprehension, retention, and clinical confidence.





The modules were designed to support both rhythm analysis and 12-lead ECG interpretation programmes. Key feature such as offline functionality, mobile compatibility, annotation capabilities, and PDF export—enhance their practicality in fast-paced clinical settings where internet access may be constrained. A Quality Improvement initiative is currently underway to evaluate their effectiveness. Initial feedback has been favourable, with nurses highlighting the flexibility, decreased reliance on printed resources, and the ability to learn at their own pace. By transitioning from passive learning to active engagement, this approach leverages technology to bridge the gap between education and confident clinical practice.

Chia Tat Jin
Senior Nurse Educator
Nursing Education & Development
Sengkang General Hospital

WOCN Chapter Retreat in Batam

The Wound, Ostomy and Continence Nursing (WOCN) Chapter returned to Batam, Indonesia, on 24–25 January 2026 to host our Retreat. This time, we were delighted to have more members joining us. It was a fruitful retreat filled with professional collaboration, team bonding, and leisure.

We started the day with breakfast before boarding the ferry to Batam. The weather was bright and sunny, setting a positive tone for the trip. Upon arrival, we went sightseeing at local temples, visited Dino Park, and tried the giant swing. It was a fantastic destination for families and team activities. We then stopped by a local *kueh lapis* store to purchase snacks in preparation for the upcoming Chinese New Year (CNY).

For lunch, we enjoyed Nasi Padang, which offered a delightful variety of interesting and flavourful dishes. After lunch, we held a thoughtful discussion reflecting on our 2025 events and explored potential collaborations for 2026. Key topics included e-learning module development, resource allocation, and valuable insights to guide future initiatives.

After the meeting, we wrapped up our Day 1 with a delicious dinner, followed by a relaxing massage and some shopping.

On Day 2, we had breakfast before visiting the local market and a bird's nest factory to continue our CNY shopping. We went to the coast for some sightseeing before heading back to the ferry terminal for our journey home.

This Batam retreat provided a valuable platform to explore further professional collaboration and foster team unity, laying a foundation for more meaningful initiatives and shared growth in 2026, while also offering members a respite from the busy clinical routine to unwind, recharge, and practice self-care.

Toh Jian Yu
Staff Nurse
Sozo Wound and Stoma Care / WOCNC

ECON HEALTHCARE GROUP JOURNEY TOGETHER

Project Title: Reduction of Physical Restraints among Psychiatric Residents of ECON Buangkok (BGBH)

Names of Project Members: Htusan[1], Myat Myat Khine[2], Vaughey Carlo Macanlalay[3], Cabe Lendsey Salazar[4], and De Vera Rinaliza Torres[5]

Introduction

The use of physical restraint among psychiatric residents has been the common procedure to manage aggressive behavior and prevent falls in the nursing home. (Strout TD,2010).

ECON Buangkok branch is handling Psychiatric residents and as of October 2021, out of 228 residents, 39 residents are on physical restraints.

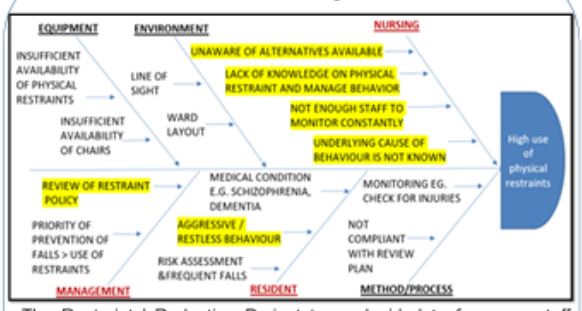
The use of physical restraint had critical impacts on patients, including psychological trauma, destruction of the nurse-patient relationship, and decreased adherence of treatment. Thus, the team aims to identify ways improve awareness and implement strategies to reduce the number of residents on physical restraints.

Goals/Objectives

A restraint reduction committee made up of a multidisciplinary team of healthcare professionals from the Nursing and AIC was established in October 2021.

This project aimed to decrease the average percentage of pilot location residents on physical restraints from 41% (16 residents) to 32% (11 residents) in 6 months (March 2022 to September 2022).

Problem Analysis



The Restraints' Reduction Project team decided to focus on staff training to increase staff knowledge on use of restraints and management of residents on physical restraints, improve in monitoring and implementation of restraint policy and case discussion of residents on physical restraints to understand medical condition and how to handle behaviour.

Methodology

Staff Training

- Conduct staff training on how to perform nursing assessment to understand underlying cause of behavioural changes, check for possible risk factors, inform Doctor of the results immediately for prompt management and treatment.
- Educate & Train Staff on possible alternatives to physical restraints, methods to minimize falls, erroneous beliefs about physical restraints and ethical use of restraints.
- Educate & Train Staff on de-escalation if resident becomes violent and aggressive, before opting to restraint. Plan more outdoor activities to engage residents, uplift their moods or enhance well-being.

Restraint Policy review

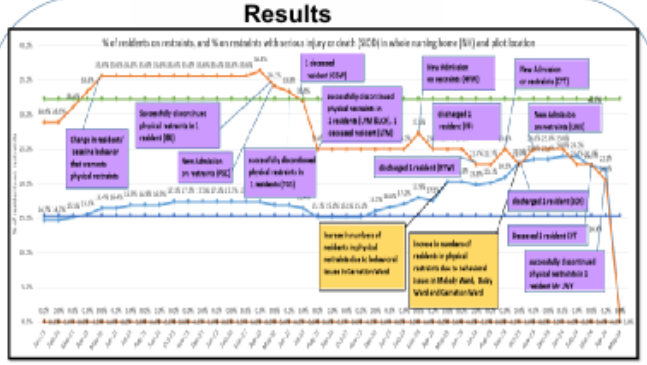
- Try ALL alternatives to physical restraint before actual use.
- Review the need to reduce number of hours on restraint.
- Propose to update current SOP to develop procedures (e.g. update behavioural management plan),visual aids (e.g. posters) for alternatives to physical restraints.

All staff should undergo competency in application of restraints.

Case Study of residents on physical restraints

- Case study discussion monthly basis of residents with AIC and restraint project team, to discuss improvement in providing quality care to residents on physical restraint.
- To increase staff awareness in residents' the underlying causes of residents' behavior and medical condition, ADL's and medications.
- Bi-annual Medication review with Nursing Home Doctor and IMH Doctor.
- Put more aggressive residents nearer to nursing station. To observe behavior easily.
- Open and effective communication among healthcare team about changes in resident's condition or behaviour.

Results



The Project has been implemented in Pilot location (Violet Ward) for 6 months (March 2022 to September 2022) and it has showed a decrease in average percentage of pilot location residents on physical restraints from 41% (16 residents) to 32% (11 residents). As of May 2024, the average percentage of pilot location residents on physical restraints is 18% (9 residents). This is really encouraging result, and we have also observed that these residents have better quality of life.

Recommendations

Restraints Bundles of Care

R- Release residents on restraints at least 2 hours a day during showering and activities
E- Encourage family members to come and engage with residents
S- Study, understand and review residents' behaviour and medications
T- Train staff in handling of aggressive or violent residents
R- Refer to RMO or IMH doctor if unusual behaviour persist
A- Assess 2 hourly joint mobility, sensation, skin integrity, circulation and presence of pain AND Ambulate, if not contraindicated
I - Incontinence management
N- Nutrition and hydration
T- Turn residents 2 hourly to prevent pressure injuries
S- Safely assist residents during activities of daily living

Key Benefits

The goal of the restraint reduction project was to increase the staff's proficiency in handling residents who were on restraints, as well as their comprehension of residents' medical conditions and behaviors. This would enable them to better understand the residents, reduce the number of hours in the use of restraints, with the ultimate goal is to discontinue restraints and improving the residents' quality of life.

Conclusion

Every member of the nursing staff—new or experienced—must complete training to advance their understanding of and proficiency with the use and application of physical restraints. This Reduction of Physical Restraint project has been implemented in five wards, and it was successful in reducing the number of residents and hours spent in restraints. Ongoing feedback from staff and residents are collated in order to enhance and maintain the program.

SNA Infusion Therapy Workshop: A Resounding Success

We are delighted to share the tremendous success of our recent first Infusion Therapy Workshop held on 7th February 2026 at SNA House.

This continuing professional education workshop ran from 8:30am to 5:00pm, addressing the critical need for standardised, evidence-based infusion practices amongst our nursing community.

The workshop delivered essential knowledge across four key areas of infusion practice. Our members explored fundamentals of peripheral intravenous catheter care alongside core infusion therapy principles.

Specialised sessions focused on outpatient parenteral antibiotic therapy safety practices and close system transfer devices in oncology settings. The programme's strength lay in balancing theoretical foundations with hands-on practical sessions conducted at various mini-education stations, ensuring participants gained both knowledge and confidence.

We were privileged to have distinguished clinical nursing experts leading our sessions with support of Terumo Asia team. The workshop had generated exceptional interest within our nursing community, with 32 participants successfully enrolled.

Post-course evaluation feedback from 24 participants revealed excellent satisfaction levels with members particularly appreciating the opportunity to learn from specialist nurses through both theoretical instruction and interactive practical sessions.

In response to the enthusiastic participation and positive feedback from the nursing community, our infusion therapy specialists are pleased to announce plans to establish a Community of Practice for Infusion Nurses chapter under the SNA. This initiative will extend specialised training programs to a broader audience, including freelance colleagues.
Ms Lim Siew Geok, Director of Nurses Learning Hub (NLH) shared that future Infusion Care groups may coordinate with SNA-NLH to elevate standards of care in infusion support services for our members.

Together, we will continue advancing excellence in infusion therapy practice.

Thank you to all participants and supporters who made this workshop such a remarkable success.

Brenda Lim
Board of Director
Singapore Nurses Association

Sharing

EXIT
INFUSION THERAPY WORKSHOP
Closed System Transfe
(CSTD) in Oncol
Milestones of TTSH OPAT
Dextrose in Water

A Milestone for 590 Nursing Graduates – and a Meaningful Farewell

On 20 February 2026, the School of Health Sciences (HS) at Ngee Ann Polytechnic marked a significant milestone at its Nurses' Light Ceremony. The event brought together 590 graduating nursing students, faculty, and clinical partners to honour the completion of their 10-week Pre-Registration Consolidation Practice (PRCP) across partner hospitals and healthcare institutions.

The ceremony symbolises the transition from student to professional nurse, reflecting the School's mission to develop thinking and caring healthcare professionals ready to serve the community. As the symbolic light was passed, it affirmed each graduate's commitment to compassionate, safe, and professional nursing practice.

This year's ceremony carried added significance. In her address, HS Director Dr. Phang Chiew Hun shared that this cohort would be her final graduating class. Speaking with pride and quiet emotion, she acknowledged their resilience and growth, reminding them that nursing demands both sound clinical judgement and compassion.

Under Dr. Phang's leadership, the School strengthened industry partnerships, advanced curriculum innovation, and supported national initiatives such as vaccination training during COVID-19. As she concludes her directorship this March, the School expresses deep appreciation for her steady leadership in shaping generations of nurses who contribute meaningfully to Singapore's healthcare landscape. The light now passes on to a new cohort of nurses and a new chapter of leadership.

Low YC Carmen & Liyu Foong Kai
Lecturer
Ngee Ann Polytechnic

Heartfelt Message to Dr Phang Chiew Hun, Director, School of Health Sciences, Ngee Ann Polytechnic

This photo captures a milestone moment in my nursing journey: my graduation from Ngee Ann Polytechnic. Standing beside you that day, Dr. Phang Chiew Hun, marked the beginning of a professional path that has since taken me through hospital wards, into the community, and ultimately back to Ngee Ann Polytechnic as a lecturer.

As an alumna of the Diploma in Nursing (2009–2012), I want to express my heartfelt appreciation for your leadership, vision, and the strong foundation you built for the School of Health Sciences. Your constant reminder to always be "Xtra"—to go the extra mile for our patients—has stayed with me throughout my practice. It is a value I now intentionally pass on to the future nurses I teach.

Your steadfast commitment to excellence and compassionate care has shaped generations of nurses, including myself. The impact of your leadership continues to live on through every student, nurse, and educator whose life and values you have influenced.

As you embark on your next chapter, I wish you joy, fulfilment, and meaningful new beginnings. Thank you, Dr. Phang, for your unwavering dedication and for inspiring all of us to serve with heart and purpose.

Teh Yue Qin Grace
Lecturer
Ngee Ann Polytechnic
Alumna, Diploma in Nursing (2009–2012)

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ITE SNA Student Investiture Ceremony

The SNA Investiture Ceremony and Welcome Tea was a vibrant celebration marking new beginnings, leadership transition, and continued growth within the association. The event warmly welcomed 50 new Year One members and officially announced the appointment of 43 newly elected Executive Committee (ExCo) members, each introduced according to their respective portfolios.

The newly appointed President delivered an inspiring speech that set a meaningful tone for the evening, emphasising unity, shared vision, and collective responsibility. Distinguished guests graced the occasion, including Dr. Lionel Lau, Director of Health Sciences, who shared thoughtful and encouraging insights, and Mrs. Mae Tang, Assistant Director for Nursing, whose presence brought warmth and support to the celebration.

A heartfelt appreciation segment was dedicated to the outgoing ExCo members who had successfully completed their term of office. Each was invited on stage to receive a certificate of appreciation in recognition of their dedication and contributions to the association.

In addition, members who had actively participated in the association's major annual events, competitions, and projects were cordially invited to attend the ceremony, celebrating their commitment and achievements.

The evening embraced a creative Harry Potter theme, creating an atmosphere of suspense, magic, and uniqueness. With imaginative backdrops for photo-taking, the setting added charm and excitement to the celebration. Both outgoing and incoming ExCo members delighted the audience with wonderful performances, adding energy and entertainment to the night.

Attendees enjoyed refreshments, snacks, drinks, and thoughtfully prepared door gifts that enhanced the festive ambiance. The ceremony formally introduced the new Executive Committee and welcomed the incoming President, marking a fresh and promising chapter for the association.

Organised by the Year Two ExCo members, the event reflected strong bonding, creativity, teamwork, and dedication to community service. It left a lasting and meaningful impression on everyone who attended.

Pauline Hu
Lecturer/ Nursing
ITE College East

A Job Led by the Heart

A little thought tickled, it made me pause to ponder.
Nursing, just work? Or a deep calling? I wonder.
Being around illness and pain, is not easy to observe.
To wait on strangers? Not everyone has the heart to serve.

A nurse engages with professional compassion and care.
Keen and precise yet gently composed, careful not to scare.
Long hours and intense workloads challenge resilience.
Unexpected events or unruly patients test patience.

I expect to see fear and anger in unacceptable situations.
Silence in overwhelming times, tears with delicate emotions.
I expect to hear voices of frustration and hope even in despair.
Despite fragile bodies, there's courage to fight, heal and repair.

Nurses see people at their most honest and vulnerable time, stepping towards pain and fear with gentleness, while others depart.
So to answer my question, it's both, it is a job that is gently led by the heart.

Mart Jeason Paculba
Nursing Student
ITE College East, Higher Nitec in Nursing

You are Never Just Another Patient to Me

Dear Patients,

I want you to know that behind my scrubs and tired eyes is a heart that genuinely cares for you. Some days, work feels heavy and my body is exhausted, yet the reason I keep going is you. Every smile, every “Thank you”, and every small sign of your healing reminds me why I chose this path.

Nursing is not just my job; it is my passion. Even when I’m drained, my desire to comfort you, to listen, and to advocate for your recovery shines brighter than my fatigue. You give meaning to my long shifts and sleepless nights.

Please know that you are never just another patient to me. You are someone’s loved one, someone’s whole world. While you are in my care, I will do everything I can to be your source of strength, compassion, and comfort.

With all my heart,

Sharlaine Nove E. Periolan
Staff Nurse
Changi General Hospital