

New Clinical Sessions

Minimally Invasive Centre		
Booking & Enquiry: 2608 3383		Time Schedule
Orthopaedics & Traumatology Dr. Lam Kin Wai	Mon	15:00-18:00
	Tue	11:30-15:30
	Wed	12:30-15:30
	Fri	10:00-13:00
Oncology Dr. Lee Wai Chung, Kirsty	Tue	13:00-16:30
Neurosurgery Dr. Chan Yung	Mon	09:00-10:00
Otorhinolaryngology Dr. Mak Chi Keung	Mon	10:00-11:30
	Fri	14:00-15:30
	Sat	14:30-16:00
Gastroenterology & Hepatology Dr. Fan Tam Ting, Tina	Mon	11:00-13:00
		15:00-18:00
	Thu	10:00-13:00
		15:00-18:00
	Fri	15:00-18:00
	Sat	10:00-13:00
Paediatric Surgery & Urology Dr. Liu Clarence Sze Wai	Mon	14:00-18:00
	Thu	10:00-13:00
	Sat	09:00-13:00

Specialty Clinic - Ophthalmology		
Booking & Enquiry: 2608 3366		Time Schedule
Dr. Chan Chi Wang, Jeffrey	Mon	10:00-14:00
	Tue	15:00-18:00
	Wed	16:00-18:00
	Thu	10:00-14:00
	Fri	16:00-18:00
	Sat	13:00-16:00

New Doctors

Please extend a warm welcome to the following doctors for joining our clinical team!

		
Dr Tsui Hoi Ling Specialist in Radiology	Dr Wong Agnes Specialist in Radiology	Dr Yim Sau Wing Consultant in Paediatrics
		
Dr Pau Benjamin Chee Kit Consultant in Paediatrics	Dr Wong Wai Ming, Jaclyn Consultant in Anaesthesiology	Dr Tsang Man Shing Consultant in Anaesthesiology

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Feedback to Union Connection: ccm@union.org

Specialty Clinic - Paediatrics		
Booking & Enquiry: 2608 3366		Time Schedule
Dr. Lau Shing Chi, Steve	Tue	15:00-18:00
	Wed	09:30-13:00
	Thu	16:00-18:00
	Fri	15:00-18:00
Dr. Lau Wei Sze, Vercia	Mon	15:00-18:00
	Wed	09:30-13:00
	Thu	15:00-18:00
	Fri	09:30-13:00
Dr. Pau Chee Kit, Benjamin	Mon	15:00-18:00
	Tue	09:30-13:00
		15:00-18:00
	Thu	09:30-13:00
	Fri	09:30-13:00
	Sat	09:30-13:00
		15:00-18:00

CME Programme

Updates on NT-proBNP and cardiovascular risk prediction in Diabetes

Date: 26 January 2024 (Friday)
Time: 2:00pm-3:00pm
Venue: 8/F MIC, Union Hospital or Zoom

Speaker:
Prof MA Ching Wan, Ronald
Department of Medicine & Therapeutics,
The Chinese University of Hong Kong

Chairman:
Prof CHAN Lik Yuen, Henry
Deputy Chief Hospital Manager
Union Hospital





On-site Registration
Lunch will be served at 1:30pm
☎ 2608 3180



Zoom Registration
✉ cme@union.org

Regular Meeting

Meeting : X-Ray Meeting	
Date :	14 February 2024 (Wednesday)
Time :	8:30 a.m. – 9:30 a.m.
Co-ordinator:	Dr. HUI Ping Kuen, John Head, Department of Medical Imaging, Union Hospital
Venue:	Training Room, 8/F MIC, Hospital Building, Union Hospital
Booking & Enquiry:	2608 3160 (Quality Assurance and Training Dept.)

UNION connection

VOL 207
January 2024



Message from the Chief Hospital Manager

Dear Colleagues,

I wish you and your family the very best in health, wellness and prosperity throughout the festive season and the year 2024.

On looking back, we must not forget the threat of Covid-19 which had ravished our lives from 2022 to the first quarter of 2023. We should still remain alert with all necessary precautionary measures ready to prevent it from rearing its ugly head! I do believe that every one of us should grasp the opportunity to help with the "recovery" like the "Phoenix arising out of the Ashes". However, the pace of recovery has been unexpectedly slow. There are two adverse factors which I can identify. The first one is the wave of emigration amplified by anti-China western countries lowering their migrant entry requirements. The other factor is the slow market recovery in China, our mother country, as well as in the rest of the world. Despite the low consumer sentiments, the growth in GDP is being forecast to be 5.2%. This will lend us some confidence to forge ahead.

Union Hospital has never been daunted by adversities. Our new extension block will be ready to open its doors for business in January 2024. The lower floor of the building will be like an extension of our Maternity Ward or Ward 3. It will house a new delivery suite with 6 to 8 antenatal beds, together with 20 Premium Semi-private rooms. These latter are all stylishly appointed for single occupancy with ensuite facilities, thus offering utmost privacy. Best of all the room rates are only moderately priced and they are good value for money. The upper floor of the extension building will be connected with Ward 5 of the existing Main Hospital Block which is presently a female ward for multiple disciplines. The extension features 26 Premium Semi-Private Rooms with its own nurses station. These will cater for patients of either sex under different disciplines. We are confident that these lavishly decorated single rooms will be popular amongst our patients with reasonable spending power. This is particularly so with the recent government's policy in encouraging local population growth by offering a subsidy of \$20,000 for each family with a new child. This amount certainly will not be able to persuade childless (planned) married couples to reverse their decisions, but it may help those expectant mothers to take advantage of the subsidy to try out our premium semi-private maternity package! After all, these rooms are just like a mini-sized private room in our Ward Eleven because the nursing services are of equal excellent quality!

While the two extension floors will be ready for occupation early 2024 after obtaining approval and operation permit from the Department of Health, we are planning for a grand opening ceremony on an auspicious day in the Chinese calendar sometime in June. At the same time, the ceremony will also inaugurate the commissioning of two new CT scanners in our Medical Imaging Department. These scanners are the newest top of the line models from Siemen's and they offer images with excellent high resolution at very short exposure time and hence with very low radiation dose. With all these improvement measures, we are confident that our pace in "recovery" in business and clinical performance of our hospital will be amazing after the trough in Covid-19 pandemic!

With these exciting news, I shall bid you farewell for the time being.

Yours most sincerely,

Dr Anthony K Y Lee

Chief Hospital Manager & Medical Director

Identification and Diagnosis of Speech & Language Disorders

Ms Kwong Ka Yi
Speech Therapist
Union Hospital



Language disorders are among the most common childhood disorders, with prevalence rates estimated at around 7% to 8% of kindergarten children (Tomblin et al., 1997). Given that language development in the early years of life is associated with later cognitive and academic outcomes (Dickinson et al., 2010), and that the "critical period" for language acquisition is widely suggested to be up to the age of 5 or 6 (Kuhl, 2010), early identification and intervention for language disorders are crucial.

Despite the importance of early identification and management of language disorders, they can often be challenging to identify and diagnose. This article aims to summarize the diagnostic criteria for language learning problems in children.

Diagnosis of Speech, Language, and Communication Problems

The relationship between Developmental Language Disorder (DLD), Language Disorder, and other communication disorders can be summarized in a Venn diagram (Bishop, D. V. M., Snowling, M. J., Thompson, P. A., & Greenhalgh, T., 2016):



Developmental Language Disorder (DLD)

DLD refers to language problems that emerge in the course of development, rather than those associated with a biomedical cause (Bishop et al., 2017). While there is "normal" variation in early language development, some deviations in language are short-term, while others persist. DLD diagnosis is typically given to children aged 5 or above with persistent language challenges.

Children with DLD may exhibit difficulties in:

1. Using vocabulary: they may struggle to learn new words or use words appropriately.
2. Using different sentence structures: they may have trouble understanding and producing complex sentences.
3. Comprehension: they may have problems understanding spoken language, such as questions, commands, and complex sentences. They often need clarifications or instructions to be repeated.
4. Narrative skills: they may have trouble telling or understanding stories and personal experiences.
5. Social communication: they may struggle to use language in social contexts, such as knowing how to use language appropriately to get attention, request help, or engage in conversational turn-taking (Bishop et al., 2016).
6. Literacy skills: they may have problems with reading and writing.

Language Difficulty

For children under 5, whose language learning problems can be short-term, the term Language Difficulty is used.

At early language development stage (under the age of 3), here are some indicators of significant language problems that are unlikely to be resolved without specialist help (Bishop et al., 2016):

1. Failure to combine words by the age of 2 (Rudolph & Leonard, 2016).
2. Problems comprehending simple commands and questions (Ellis & Thal, 2008).
3. Absence of gestural communication (Ellis & Thal, 2008).
4. No imitation of body movements (Dohmen, Bishop, Chiat, & Roy, 2016).
5. Poor social responsiveness and joint attention (Roy & Chiat, 2014).

Speech Sound Disorder

Speech sound disorders can be organic (resulting from motor/neurological, structural, or sensory/perceptual issues) or functional (idiopathic) in nature.

Common symptoms of functional speech sound disorders might include deleting sounds, substituting one sound for another, adding extra sounds to a word, or changing/ distorting a sound. Some cases might exhibit a combination of different errors. If no particular patterns can be identified, leading to poor intelligibility, it is very unlikely the speech sound problem can be resolved without systematic speech training.

Voice Disorder

Voice disorder occurs when deviant voice quality, pitch, and loudness are perceived (Aronson & Bless, 2009; Boone et al., 2010). Most pediatric cases suffer from voice disorders caused by vocal abuse, such as crying and yelling at inappropriately loud volume. Dysphonic voice can be easily identified by hoarseness, breathiness, phonation breaks or even Aphonia, strained voice quality, and limited range in pitch and loudness in daily speech. Interventions usually focus on establishing appropriate vocal hygiene routines, building awareness of appropriate vocal behaviors, and using different voicing techniques to prevent further phonotrauma.

Fluency Disorder

The average age of stuttering onset is approximately 33 months. Onset may be progressive or sudden. Diagnostic symptoms of stuttering include repetitions of sounds, prolongations of consonants, and sudden stops within words or sentences.

Though over 70% of dysfluent children will recover spontaneously without intervention (Yairi & Ambrose, 2013), those who do not frequently experience negative psychological, emotional, and social influences leading to social anxiety, a sense of loss of control, and negative thoughts about themselves or communication (Boyle, 2015; Craig & Tran, 2014; Iverach et al., 2016; Iverach & Rapee, 2014). Therefore, early identification and intervention are recommended.

Common Co-occurring Conditions for Language Learning Problems

Language Disorder could be associated with other biomedical conditions such as cerebral palsy, Autism Spectrum Disorder (ASD), and Intellectual Disability (ID). In some cases, apart from language intervention by speech therapists, a multidisciplinary approach involving different pediatric professionals, such as psychiatrists and clinical psychologists, should be adopted.

Conclusion

A speech therapist plays a crucial role in identifying and assessing language disorders, as well as conducting intervention. Through speech and language therapy provided by speech therapists, children's expressive and receptive language skills, phonological awareness, and reading skills can be significantly improved (Cirrin et al., 2010).

Raising a successful child: How to develop secure parent-child attachment

Ms Lee Mary
Clinical Psychologist
Union Hospital



Attachment style develops at a young age when children interact with their primary caregiver¹. Every individual starting from childhood has a need to seek aid from their significant others to obtain protection from threats and alleviation of distress. By interacting with their caregivers, attachment is formed. Attachment is like interval working models; it helps individuals understand themselves and others, their surrounding environment, and to make predictions and expectations about themselves and significant others. In this case, children brought up by responsible parents, and are identified as securely attached can more comfortably depend on others and are more likely to perceive themselves as being loved. On the other hand, children who are brought up by irresponsible parents, and are identified as insecurely attached might perceive themselves as being unworthy and become reluctant to trust others. A child's attachment style is found to shape an individual's behavior and plays an important role in their long-term socioemotional development, including social competence and emotion regulation². Evidence shows that early insecure attachment is associated with heightening the risk of psychopathology in later life, which can include emotional and conduct problems³.

Several attachment-based interventions have been developed to help promote secure attachment in children. These interventions aim to improve the quality of the parent-child relationship by enhancing the parents' reflective functioning, which is the capacity of a parent to reflect upon the child's underlying mental state and be able give to a sensitive and appropriate response⁴. One of these attachment-based interventions - the Circle of security identifies a parents' functions as follow⁵:

1. Secure Base (the child's instinct for exploration and needs): parents support their children's needs to go out and explore the world, and to develop their capacity for autonomy and mastery.
2. Safe haven (the child's need for care and comfort): parents welcome their children when the latter seek comfort, especially if they are hurt or frightened.

Parents need to fulfil these dual roles in relation to their children's attachment needs. Children can explore their surroundings, but also seek comfort or reassurance from their parents when experiencing unease. When children feel safe, they will continue to explore.

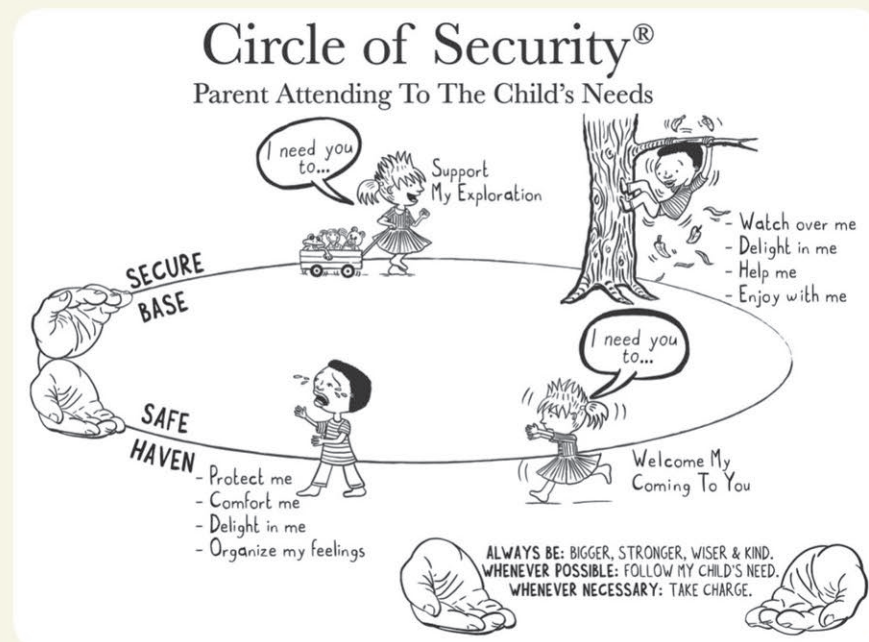


Figure 1. The Circle of Security: A Visual "Map" of Caregiver-Child Attachment

In addition to the parents' dual roles, "Being-with", "Taking Charge", and "Reflecting" are three important aspects of promoting a quality relationship. "Being-with" involves observing children's emotions and providing emotional support to help them accept and recognize their feelings. It sounds easy but it can be challenging in practice because parents often want to solve problems by eliminating their children's negative feelings, and do not accompany their children in feeling those emotions. For instance, a child is crying because his friend takes away his toy. The parent may say to the child: "There is no need to cry, we need to share toys with others". The parent, in turn, is conveying a message to the child that being sad in this situation is not acceptable. A better "Be Present" response can be: "I can see that you are upset because you friend took away the toy that you were playing with". In this way, the child knows that it is okay to feel upset and they are being accepted by their parents.

"Taking Charge" involves becoming a stronger and smarter parent. It means setting boundaries when a child crosses the line. Children often test their parents' boundaries, and if the parents' boundaries are constantly pushed back, it can make the child feel that their parents are powerless, leading to a lack of sense of security.

"Reflecting" is a crucial aspect and refers to the rupturing and repairing of relationships. We often fear potential ruptures in relationships, so we compromise in many areas. However, a healthy, secure relationship is one that can be repaired. We cannot be perfect parents, and this allows the child to understand that they don't need to pursue perfection either. When parents cannot meet the child's needs for any reason, or even if a relationship ruptures, as long as we can apologize and genuinely repair the relationship, the child can learn that when bad things happen, good things can also follow.

In Hong Kong, a highly stressful and competitive city, I have seen many parents try their best to be "perfect" parents. Despite their good intention, this tremendous parental stress to be "perfect" often exerts a direct negative effect on the parent's reflective functioning and results in a dissatisfied parent-child interaction⁶. It is important for parents to look after their own mental health and to take time to relax, so that they can better foster a secure parent-child relationship.

References

1. Bowlby, J. (1969). Vol. 1: Attachment.
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3. Sroufe, L. A., Egeland, B., Carlson, E. A., & Collins, W. A. (2009). *The development of the person: The Minnesota study of risk and adaptation from birth to adulthood*. Guilford Press.
4. Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment & human development*, 7(3), 269-281.
5. Hoffman, K., Cooper, G., & Powell, B. (2017). *Raising a secure child: How circle of security parenting can help you nurture your child's attachment, emotional resilience, and freedom to explore*. Guilford Publications.
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UNION HOSPITAL 28th ANNIVERSARY DINNER



The management, board members and clinical heads of Union Hospital toasted to all guests and staff for another great year of achievement.



A B C

- A. Welcoming Speech by Dr Anthony Lee, Chief Hospital Manager and Medical Director
- B. (Back row, from left) Dr Anthony Lee, Ms Kristine Li, Prof Fok Tai Fai, Ms Margaret Lee and Mr Kwok Ping Ho
- C. (From left) Prof Chan Lik Yuen, Mr Kwok Ping Ho, Dr Anthony Lee, Mrs Lee, Dr Chua Swee Kim and Dr Clara Wu



Dr Anthony Lee, Mrs Lee, Ms Pun Tsz Kei and staff of Nursing Department



Dr Anthony Lee and Dr Foo Kam So



(From left) Dr Jimmy Li, Prof Sydney Chung and Dr Catherine Choi



Actors of Union Hospital Blockbuster - Justice



(From left) Dr Cheng Kwun Chung, Mr Gabriel Lee, Ms Connie Tong and Dr Peter Pang



(From left) Mrs Lee, Dr Law Ka Bo and Dr Anthony Lee



UH Management and Reproductive Medicine Centre



Union Dental Centre



Ms Lung Suet Yee and Dr Lau Shing Chi



Dr Harry Cheng, Dr Imen Ku and staff of Union Oncology Centre



Paediatric team performed a fabulous pop dance



(From left) Mrs Lee, Dr Li Siu Lung, Dr Anthony Lee, Prof Michael Tong and Dr Lam Ming Kuen

Best Dressed Awards Winners



Dental Centre



Union Reproductive Medicine Centre



Tseung Kwan O Polyclinic



Endoscopy & Day Procedure Centre

Lucky Draw Winners

Special thanks to Dr Colin Lam for sponsoring over 100 prizes of the annual dinner.



Ms Margaret Lee congratulated the lucky draw winners

Doctor Service Awards



20-Year Service Award:
Dr Wong Yuk Hwa



Service Award (11 years to 17 years):
Dr Lam Chiu Wah, Dr Lee On Bong, Dr Ip Lap Shun,
Dr Li Chak Man, Dr Ho Sze Ming, Dr Yiu Ying Cheung,
Dr Choi Lai Yin



Service Award (10 years):
Dr Leung Ka Ming, Dr Hui Ping Kuen,
Dr Chu Kwok Keung, Dr Chung Wing Sze,
Dr Yan Ka Kok