

CHI Learning & Development System (CHILD)

Project Title

Improving Undergraduate Teaching Scores In The Department Of Orthopaedics

Project Lead and Members

Project lead: Chen Yongsheng

Project members: Kelvinder Kaur, Kamariah, Adj Fareed Kagda & Maleena

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Medical, Healthcare Administration

Applicable Specialty or Discipline

Orthopaedics, Clinical Education

Aims

To improve the undergraduate teaching scores in Department of Orthopaedics to meet or exceed the national average of 3.3 by the end of AY 2018.

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below



CHI Learning & Development System (CHILD)

Lessons Learnt

Efforts to facilitate undergraduate education activities need to be shared with the other departments through Quality Improvement seminar, lessons learnt to share through the Clinical Education Office (CLE) and undergraduate education meetings.

Conclusion

See poster appended / below

Project Category

Training & Education, Learning Approach

Keywords

Undergraduate Clinical Education

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IMPROVING UNDERGRADUATE TEACHING SCORES IN THE DEPARTMENT OF ORTHOPAEDICS

CHEN YONGSHENG (LEAD), KELVINDER KAUR, KAMARIAH, ADJ FAREED KAGDA & MALEENA (SPONSORS)

Define Problem/ Set Aim

Problem/Opportunity for Improvement

In Academic Year (AY) 2017/18, the undergraduate posting score for Department of Orthopaedics was reported at 3.08 (out of 4).

Aim

What are you trying to accomplish?

We aim to improve the Undergraduate teaching scores in Department of Orthopaedics. The target was to increase the overall scores to meet or exceed the national average of 3.3 by the end of AY 2018.

Establish Measures

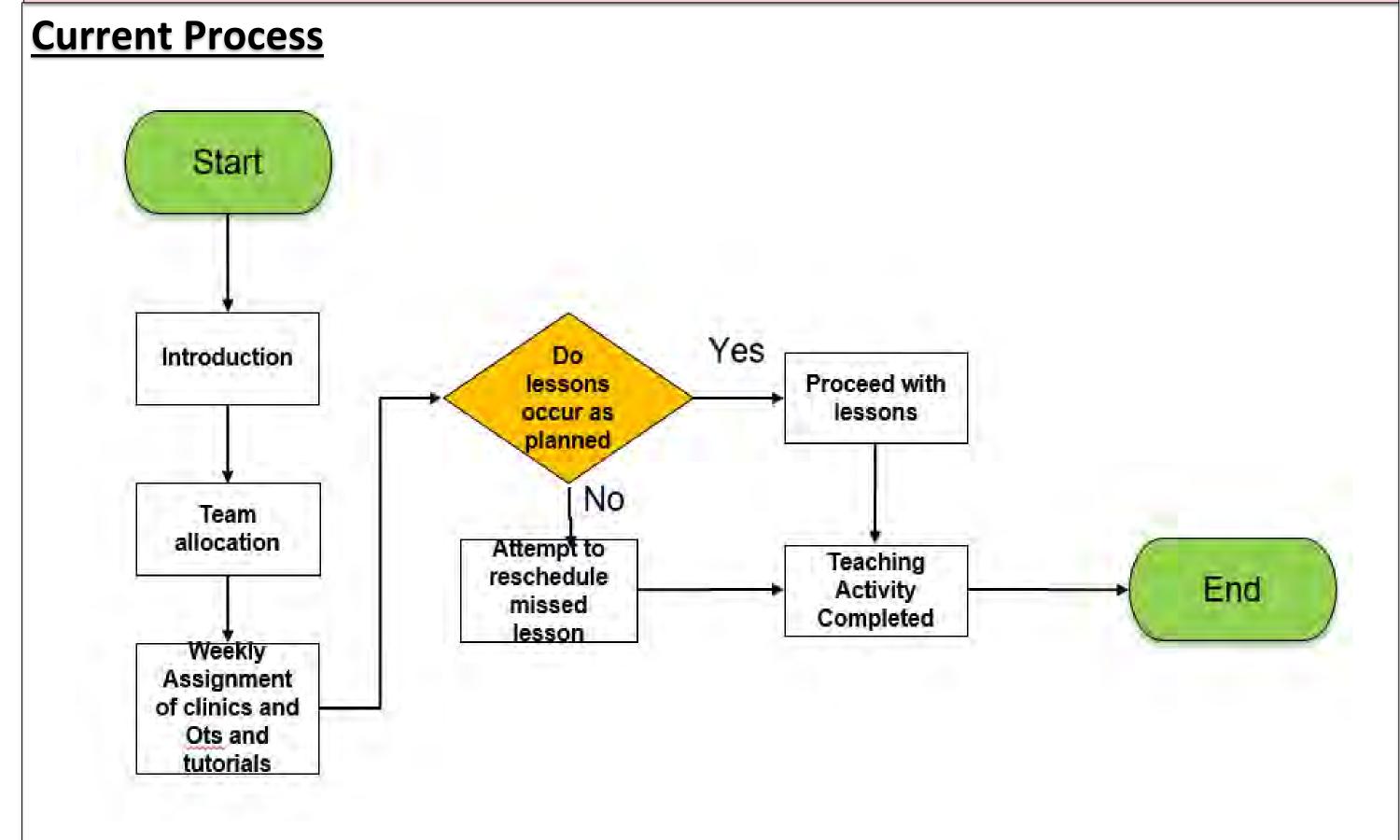
Baseline Performance

In AY2017/18, the undergraduate posting score for Department of Orthopaedics was reported at 3.08.

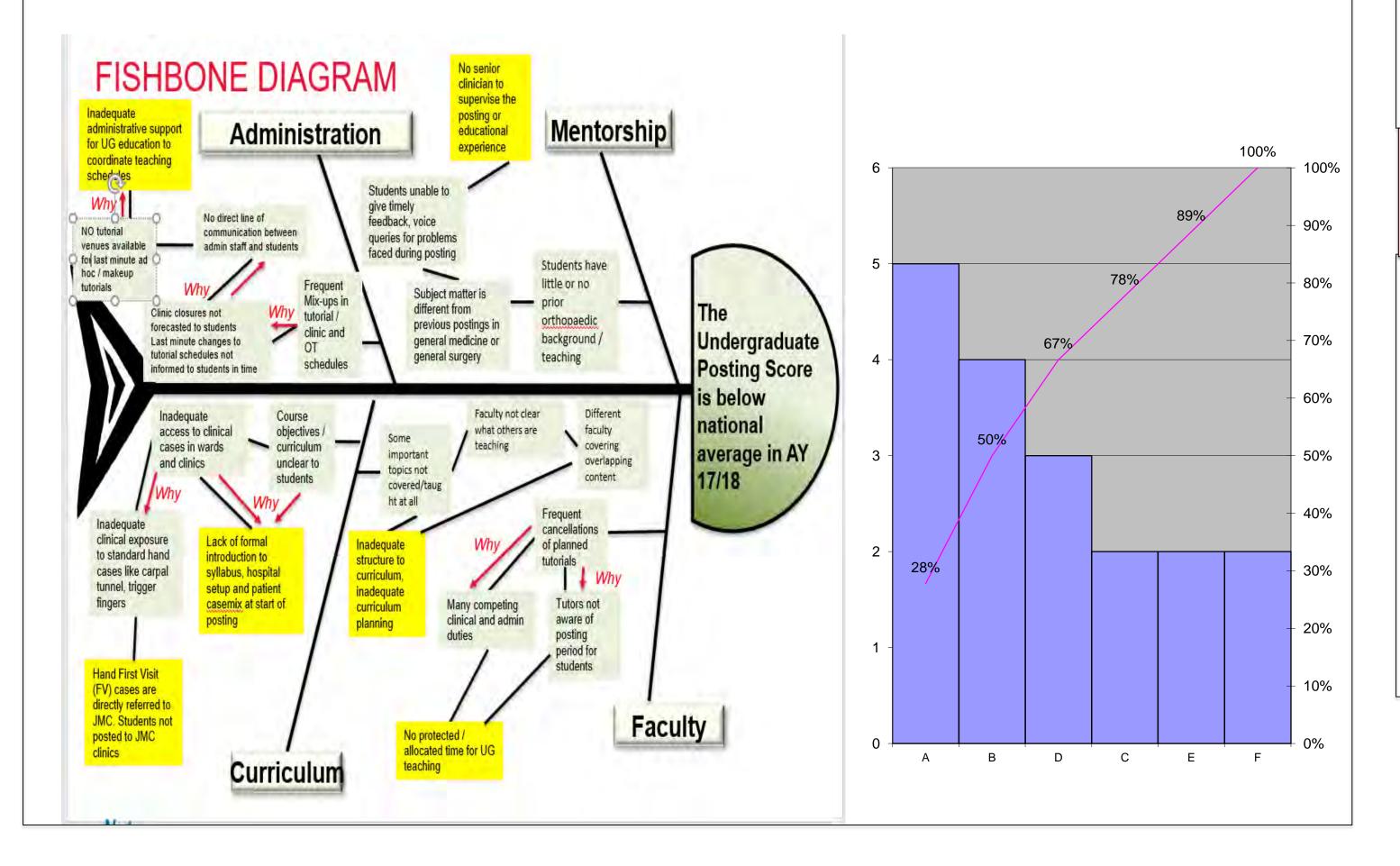
Posting Period	Class Size	Responses	Overall Rating*	
12 Jun 2017 to 07 Jul 2017	12	10	3.20	
07 Aug 2017 to 01 Sep 2017	6	6	3.50	
04 Sep 2017 to 29 Sep 2017	6	6	3.00	
09 Oct 2017 to 03 Nov 2017	12	11	3.18	
06 Nov 2017 to 01 Dec 2017	6	6	3.67	
04 Dec 2017 to 12 Jan 2018	6	6	2.17	
15 Jan 2018 to 09 Feb 2018	5	5	2.20	
19 Feb 2018 to 16 Mar 2018	12	10	3.60	
19 Mar 2018 to 13 Apr 2018	6	6	3.17	

Overall Average Score 3.08

Analyse Problem



Root Cause Analysis



COST Select Changes

SAFETY

QUALITY

PRODUCTIVITY

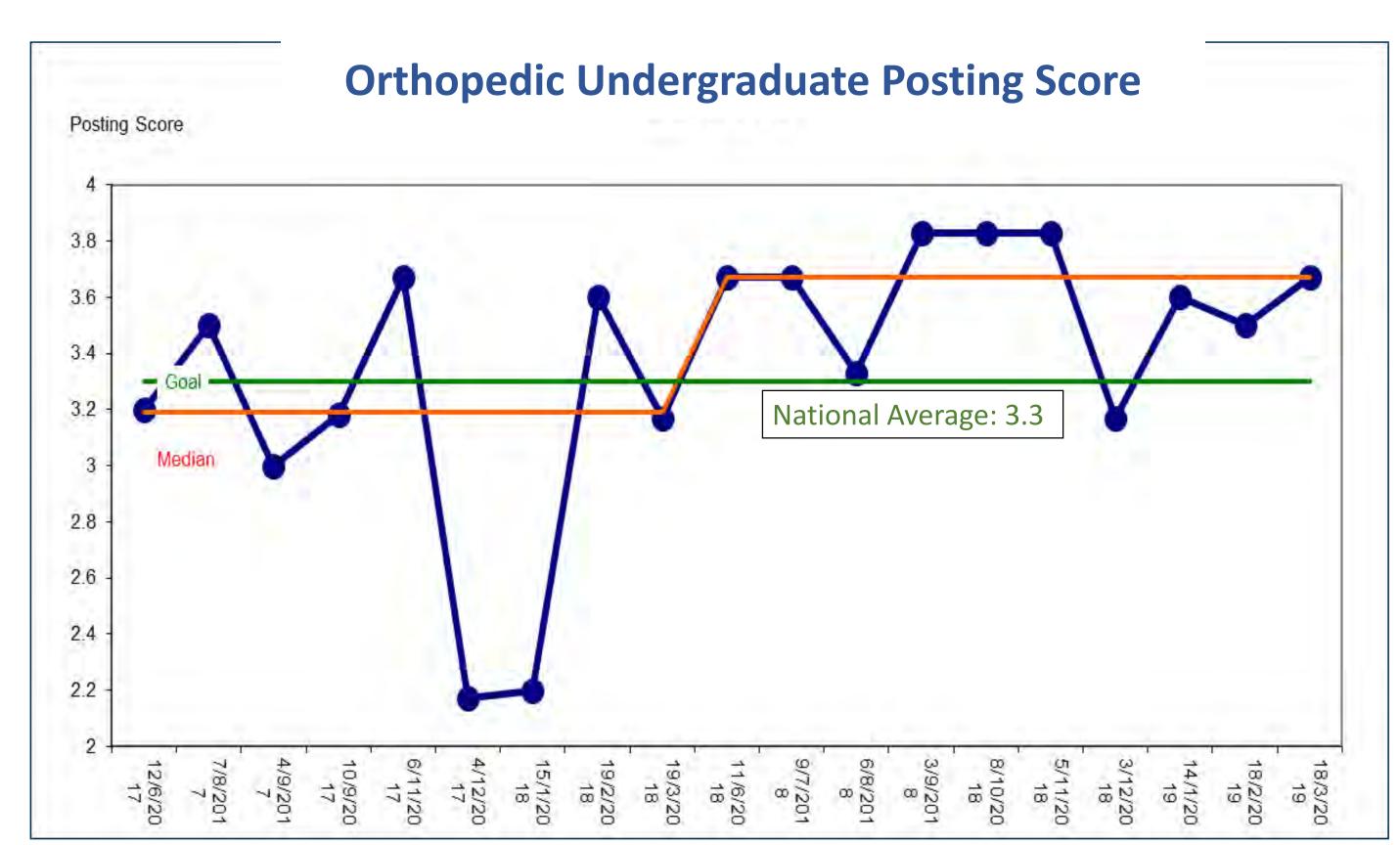
PATIENT EXPERIENCE

Probable Solutions Root Cause Potential Solutions A. Inadequate administrative support Enlist more administrative staff to help coordinate facilitate **UG** education activities B. Lack of senior clinician to supervise 2 Appoint senior clinicians to be in charge of UG education. He will act as a mentor to the entire clinical group and as point student posting and education of contact for students to provide timely feedback, ask experience questions, facilitate additional tutorials etc. 3 Set up a message group with every batch of students to allow avenue to air grievances, provide feedback, ask academic PS2 PS7 questions, request tutorials Do First Do Last C. Inadequate case mix, Hand FVs are 4 Assign students to JMC Hand Clinics to improve clinical PS6 PS5 exposure to exam-relevant Hand Cases / Conditions not seen at NTFGH but at JMC clinics D. Lack of formal introduction to 5 Senior clinician mentor will conduct an introduction at the PS8 PS8 PS9 start of every posting. This briefing will include posting syllabus, posting expectations, departmental and hospital setup and expectations, methods of assessment. Admin staff will go **Never Do** Do Next clinical material at start of posting through an induction to the hospital setup. PS4 PS3 E. Lack of structure to curriculum and 6 Re-organize list of tutorials and tutor allocation. Remove duplicate topics, introduce exam relevant topics Inadequate curriculum planning Hard Easy F. Frequent cancellation of planned Protected admin periods for education Implementation lessons/tutorials 8 Inform tutors in advance before new batch of students arrive 9 Admin to rearrange clinics/OTs/ tutorials for tutors who go on

Test & Implement Changes

Results

The undergraduate posting score had improved significantly from 3.08 (AY17/18) to 3.61 (AY18/19) following the adoption of intervention, which was exceeded our initial target of 3.3 (national average).



Overall Rating* - Overall, I would rate the posting:

Posting Period	Class Size	Responses	Overall Rating*
11 Jun 2018 to 06 Jul 2018	12	9	3.67
09 Jul 2018 to 03 Aug 2018	6	6	3.67
06 Aug 2018 to 31 Aug 2018	6	6	3.33
03 Sep 2018 to 28 Sep 2018	6	6	3.83
08 Oct 2018 to 02 Nov 2018	12	12	3.83
05 Nov 2018 to 30 Nov 2018	6	6	3.83
03 Dec 2018 to 11 Jan 2019	6	6	3.17
14 Jan 2019 to 08 Feb 2019	6	5	3.60
18 Feb 2019 to 15 Mar 2019	12	12	3.50
18 Mar 2019 to 12 Apr 2019	6	6	3.67
Overall Average Score			3.61

Posting Period	Class Size	Responses	Overall Rating*
12 Jun 2017 to 07 Jul 2017	12	10	3.20
07 Aug 2017 to 01 Sep 2017	6	6	3.50
04 Sep 2017 to 29 Sep 2017	6	6	3.00
09 Oct 2017 to 03 Nov 2017	12	11	3.18
06 Nov 2017 to 01 Dec 2017	6	6	3.67
04 Dec 2017 to 12 Jan 2018	6	6	2.17
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19 Feb 2018 to 16 Mar 2018	12	10	3.60
19 Mar 2018 to 13 Apr 2018	6	6	3.17

Spread Changes/ Learning Points

Spread Changes

A long term collaboration was established with Clinical Education Office (CLE) for additional administrative support and assistance.

Learning Points

Problems and solutions identified shared with other departments through QI seminar, lessons learnt shared via CLE office and undergraduate education meetings.