

Editorial

Academic Obstetrics & Gynaecology

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Singapore Journal of Obstetrics and Gynaecology (SJOG) is now in the 42nd year issue since March 1970. SJOG has always provided our O&G specialists & specialist trainees with opportunity to publish their academic endeavours.¹ Rapid advancement in medicine, science and technology has changed our practice in O&G and created new paradigms. The scope and depth for O&G research are expanding more than before.

For this issue we have a total of six articles. The first article featured a case series of abnormally invasive placentation by Pang et al. They showed that feasibility of conservative management by keeping the placenta-in-situ in some cases of placenta percreta. However these required close surveillance with attendant risks of post partum haemorrhage and infection. These data showed that with advance planning and high vigilance, the incidence of nightmarish massive obstetric haemorrhage and surgical morbidity can be reduced.

Pang et al in their next paper demonstrated the use of process improvement (PI) methodology in reducing waiting time in subsidised O&G outpatient clinics with some success. They expertly utilised various PI tools including value stream mapping, Ishigawa Diagram, Pareto Chart and Run Chart. In essence, process improvement is scientific in nature requiring hypothesizing and planning a change, testing the change and observing & analysing the outcomes before implementing full scale if the change results in significant improvement.

Aggarwal et al tackled the difficult issue of previous failed transvaginal cervical cerclage and evaluated repeat cerclages by both transvaginal and transabdominal approaches. Teo et al reported the world's first case of emergency Single-Incision-Laparoscopic Surgery (SILS) for Cornual Pregnancy, performed on 9 September 2009.

In a collaborative academic effort of our three O&G related organisations namely, Obstetrical & Gynaecological Society of Singapore (OGSS),

Society for Colposcopy and Cervical Pathology of Singapore (SCCPS), College of Obstetricians & Gynaecologists, Singapore (COGS), the Joint Statement on Professional O&G Guidelines on HPV Vaccination in Singapore was endorsed in March 2011. The HPV Vaccine Guideline Committee was chaired by Timothy Lim and their Joint Statement is published in this issue. Condon et al surveyed the attitudes of faculty and junior doctors towards a structured Residency program. The survey highlighted the importance of educating the junior doctors on the new system and engaging faculty on their concerns of potential changes in workloads to facilitate a successful transition to the new training system.

We are heartened by the mix of articles here – an original article, a clinical process improvement write-up, a structured review, a local case report showcasing cutting edge surgical technology, a collaborative guideline and a survey. These certainly help promote academic O&G in Singapore.

Indeed the opportunity for advancing academic medicine in Singapore is bright. Concerns over costs and organizing structure can be overcome and academic medicine can raise healthcare to the next level as it has done in other countries.²

We are in an exciting and challenging transition in healthcare. We are rapidly using information technology for patient care (e.g. electronic prescription is now the norm). We are now involved in 3 medical schools, NUS Yong Loo Lin (YLL) School of Medicine, the Duke-NUS Graduate Medical School and the new Imperial-NTU Lee Kong Chian School of Medicine. KK Women's and Children's Hospital (KKH), which has been the oldest local site of O&G teaching (since 1924), will now be the site of O&G education for three distinctly different medical schools – a historic academic event for O&G in Singapore.

Certainly with positive mindsets, healthy exchanges with rigorous test-beds for experimentation of different curriculums, methodologies and pedagogy from the 3 academic institutions, will flourish and yield better outcomes in medical and O&G education and produce better doctors to provide good patient care.

An example is at Duke-NUS, where lecture based courses have been replaced by a team based learning methodology (TeamLEAD - representing the core values of Learn, Engage, and Develop). The students are expected to come prepared to class, assessed individually and as a team, work on relevant applications to reinforce core concepts. They spend their class time divided into teams that work together to solve actual medical cases. The results of the team based learning concept were so impressive that this Duke-NUS's innovative learning methodology is being adopted at Duke.³

Another pedagogy tried and tested successfully in our ward & clinic platforms by Duke-NUS and later YLL school is the concept of 'student embedding' in the patient care teams. Optimal learning occurs when medical students are fully integrated (or embedded) into the clinical team providing patient care and the students participate actively in the care of the patients.

The transition from our current traineeship system to an ACGME style structured residency system is also an area where changes can be capitalised. New

systems like a carefully crafted night-float on-call system⁴ can allow residents to learn better medicine.

A night float on-call system for the medical officers was started in March 2011 in KKH and initial feedbacks from the faculty and the junior doctors performing the calls, were very positive. The junior doctors were more alert at night and learned better obstetrics at even at the wee hours of the night. Similarly our nurses can be empowered and upskilled as nurse ward residents, nurse OT surgical assistants and nurse practitioners to help our junior doctors' clinical tasks. These allow our O&G residents to learn in uninterrupted graduated levels of competency rather than be bogged down with heavy or routine service commitments.

It behooves us as academic leaders and champions to have an optimal strategy to deal with the transition, to provide sufficient resources for academic teaching, training and research, as well as to encourage all faculty and staff to have a positive attitude towards change and adaptation to academic medicine.⁵

REFERENCES

1. *Tan KH. Editorial: Academic Collaboration of the Obstetrics and Gynaecology Fraternity in Singapore. Singapore Journal of Obstetrics & Gynaecology 2007; 38(2): 1-2*
2. *Lim J. Academic Medicine versus Public Healthcare –A False Dichotomy. SMA News. In-Sight Vol 39. Apr 2007. p 29-30.*
3. *Jim Rogalski. School of Medicine Rolls Out Team-Based Learning. DukeMed AlumniNews Winter 2011. p16-21.*
4. *Kee CL, Goh WP, Yap ES, Chan YC. Impact of a newly introduced medical officer night-float on-call system in a medical department in Singapore. Singapore Med J. 2011 Jan;52(1):60-2.*
5. *Tan KH, Condon A, Goh SL, Zuzarte R, Chern B. A Division's Strategy of Transitioning to a Structured Residency System. 8th Asia Pacific Medical Education Conference (APMEC 2011) 29 Jan 2011, Singapore. Abstract Book D2010. p 265.*