MEDICAL EDUCATION DISTINCTION TRACK (MEDT) FOR RESIDENTS

Information
The Medical Education Distinction Track for Residents is a 2-year track that aims to build a community of educators by developing young clinicians through a structured programme, under the mentorship of passionate educators from various clinical fields. This 2-year track runs in parallel with the various NUHS junior and senior residency programmes.

Key Strengths:
1. Mentorship
   - Mentee-Mentor pairing to facilitate longitudinal relationships
   - Exposure and opportunities through mentor’s network
   - Access to mentor’s expertise, advice, and support
2. Structured Programme
   - Small-group learning sessions every 3 months, covering the core knowledge and skills for aspiring educators
   - Completion of a scholarly project with guidance and support from the MEDT community
3. Deliberate Practice
   - Regular opportunities to apply knowledge and skills from the structured programme in authentic education tasks
   - Feedback and reflection on the above, collated into an education portfolio
4. Resources
   - Funding to support scholarly activities
   - Support to attend the Asia Pacific Medical Education Conference (APMEC)
   - Funding for workshops outside of quarterly MEDT learning sessions e.g. APMEC and NUS CenMED workshops

Resident Takeaways:
✓ A strong theoretical foundation and up to date understanding of concepts and language used in medical education
✓ An appreciation of evidence-based best practice in medical education
✓ Tools to create positive change, appreciate + critique + sustain + improve on what already exists
✓ At the end of this track, the resident will be prepared to lead education effectively in their local context

Resident Deliverables:
• Attendance and engagement at quarterly learning sessions
• Portfolio completion: Evidence demonstrating that resident has applied and reflected upon knowledge and skills learnt
• Scholarly project: Conference presentation / Journal Publication

Curriculum
The topics covered in our quarterly learning sessions include:
• Effective teaching behaviours
• Outcomes based medical education
• Kern’s model of curriculum development
• Assessment in medical education
• Learning knowledge effectively
• Learning skills effectively
• Feedback, debriefing, and reflection
• Clinical reasoning
• Supervision, mentoring, and coaching
• Communities of practice, and professional identity formation
• Cognitive load theory, zone of proximal development, and social learning theory

Co-Chairpersons
Dr Matthew Low
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Faculty
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