



Evaluation of in-service Programme in the Physiotherapy Department



KK Women's and
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Purpose

In-service is an essential part of continuous professional education for healthcare professionals (1). In KK Women's and Children's Hospital (KKH), the physiotherapy department comprises of four teams: paediatric neurology, paediatric cardiorespiratory, musculoskeletal and women's health. Continuing learning is encouraged through weekly team-specific in-services and quarterly combined ones. However, it was not known if this learning structure was beneficial in enhancing learning for the staff. The purpose of this study was to evaluate the structure of the department's in-service programme.

Methods

A questionnaire was developed by educators of the physiotherapy department. A 5-level Likert scale was used to rate the satisfaction of the arrangement and topics covered in the first quarter of 2018. Questions with "yes, neutral and no" answers were asked to understand the necessity of specific or combined in-services. Open-ended questions were used to obtain suggestions for improvement. The survey was conducted via google forms and was anonymised to promote participation. All physiotherapists in KKH were invited to complete the questionnaire.

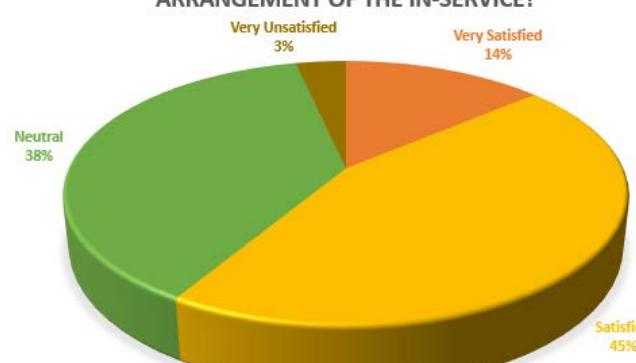
Results

Out of 37 staff in the department, 78% (n=29) completed the survey. Of the 29 completed, 59% reported being "very satisfied" and "satisfied", 38 % felt "neutral" and 3% of the staffs were "very dissatisfied" with in-service arrangement. 45% felt "very satisfied" and "satisfied" with the topics of in-service, while 3% felt very unsatisfied". Only 1 staff felt that in-service was not a necessity while 14 of them preferred not to have combined in-service; They felt that combined in-service may not be relevant to all teams. Suggestions to improve the programme included ensuring that combined inservice topics were of relevance to all. Other recommendations to enhance the programme included having more application-based and practical-based in-services, as well as, having pre-reading and quizzes prior to in-services to promote better learning effect. These suggestions and recommendations are in alignment to the evidences available (1,2).

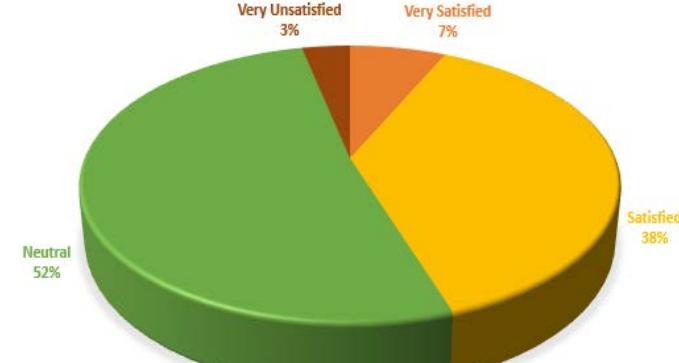
Conclusion

After the survey, changes recommended to improve the in-service programme were carefully examined by the educators in the department and those that were feasible were implemented. The choice of topics have been made more relevant for the combined team in-services. The topics for the specific team inservices are made known to the whole department at least a month in advance. This allows those interested in a specific topics to attend the in-services of other teams to allow everyone to explore their interests and to keep their knowledge and skills relevant. Trainers are briefed to include more application-based or hands-on sessions, if applicable, to aid staff in their learning process and improve professional practices (2). In addition, a new in-service feedback form has also been implemented to ensure continual evaluation of the in-service programme. Immediate feedback is collected after every inservice session. This constant and dynamic evaluation process is necessary to ensure that the staff benefit from the in-service and their learning needs are met in a constantly evolving work environment.

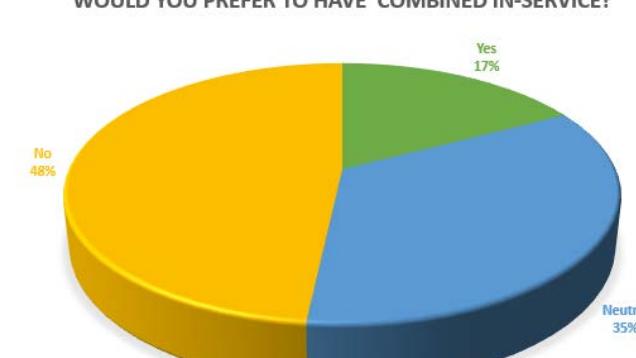
HOW SATISFIED ARE YOU WITH THE CURRENT ARRANGEMENT OF THE IN-SERVICE?



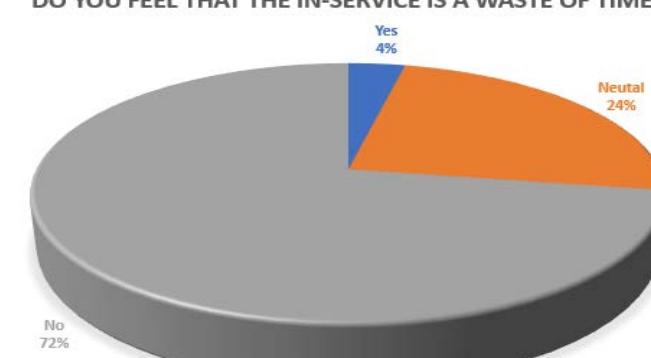
HOW SATISFIED ARE YOU WITH THE TOPICS OF THE IN-SERVICE?



WOULD YOU PREFER TO HAVE COMBINED IN-SERVICE?



DO YOU FEEL THAT THE IN-SERVICE IS A WASTE OF TIME?



References

- Bluestone, J., Johnson, P., Fullerton, J., Carr, C., Alderman, J. and BonTempo, J., 2013. Effective in-service training design and delivery: evidence from an integrative literature review. *Human resources for health*, 11(1), p.51.
- Forsetlund, L., Bjørndal, A., Rashidian, A., Jamtvedt, G., O'Brien, M.A., Wolf, F.M., Davis, D., Odgaard-Jensen, J. and Oxman, A.D., 2009. Continuing education meetings and workshops: effects on professional practice and health care outcomes. Cochrane database of systematic reviews, (2).

ORGANISER



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