

House Officers Perception Of Clinical Competencies Of Core Orthopaedic Procedures And Supervision Effectiveness At Hospital Sultan Ismail, Johor, Malaysia

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BACKGROUND: This study was performed to assess the training needs of house officers over time and the outcome of their training on core Orthopaedic basic principles and procedures.

METHOD: This was a longitudinal study of the level of competence and training needs of house-officers. Three domains of competencies which were the practical knowledge, procedural competencies and the personal and professional attributes were assessed. The assessment was done at two points which were the beginning and the end of the posting. The data was obtained using a set of questionnaire developed based on the competencies required by the Ministry of Health Malaysia. A Likert scale of 1-5 was used to measure the house officers perceptions of the items studied. The data collected was analyzed using (SPSS) version 17.0.

RESULTS: Responses from 76 house-officers were available for analysis. The mean score at the entry into internship for practical knowledge, procedural competencies and personal attributes were 2.86 ± 0.679 , 2.21 ± 0.22 and 3.72 ± 0.734 respectively. The scores improved to 3.84 ± 0.553 , 3.14 ± 0.712 and 4.22 ± 0.641 at the end of the internship training. The improvements were statistically significant, p values were <0.0001 in all areas.

DISCUSSION: This study has provided measurements on the level of competence of house officers at the entry into house officers training which reflects on the training received as medical undergraduates as well as the level of competence at the completion of Orthopaedic rotation which reflects on the training received at the MOH hospitals. There is a need to strengthen the training received in undergraduate clinical training to improve the graduate preparedness for the internship.

CONCLUSIONS: The training needs of the house-officers in core Orthopaedic competencies significantly reduced over time. Areas of particular concern are the procedural competencies. Future in-depth studies into the areas of perceived deficiencies is needed, and the training modules produced should standardize clinical skills teaching in the areas that are found to be deficient.