

# **ENHANCING CLINICAL TEACHING & SUPERVISION SKILLS WORKSHOP**

**Friday, 28 July 2006, 9.30am – 5.00pm**  
**O&G Conference Room,**  
**Level 6, Main Building, National University Hospital**

**Limited to 30 Places Only!**

*A Staff Development Workshop Jointly Organised by  
Associate Dean's Office, National University Hospital and  
Medical Education Unit, Yong Loo Lin School of Medicine, National University of Singapore*

## **Introduction**

### **Program Objectives:**

In this specially designed workshop, we will take an **evidence-based approach, skills-oriented practical approach**. Some of the benefits that you will acquire include:

- Recognise the global and regional trends and changes in medical education
- Deliver effective and interactive tutorials
- Recognise the importance of assessment and feedback in student learning
- Develop micro-skills in clinical teaching

### **Program Format:**

A mixed learning environment including brief plenary, group discussion and hands-on activities.

### **Intended Participants:**

- All registrars, senior registrars, associate consultants, nurse educators, para-clinical teachers who are involved in bedside and clinical teaching

### **Program Faculty:**

- Dr Zubair Amin, Dr Matthew Gwee, Dr Khoo Hoon Eng, Dr Tan Chay Hoon

### **CME Points:**

Pending approval from Singapore Medical Council and Singapore Nursing Board.

**Registration Fees: Nil**

**Closing Date: Friday, 30 June 2006**

**No prior experience in medical education is necessary.**



## **Enquires & Registration**

Ms Winnie Seek, Associate Dean's Office c/o Medical Affairs Department, NUH  
Tel: 6772-5926, Email: Win\_Nie\_Seek@nuh.com.sg

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# REGISTRATION FORM

**Limited to 30 places only!**

**Register early to avoid disappointment.**

**Closing Date: Friday, 30 June 2006**

<b>Name (* Prof/ A/Prof / Dr / Mr / Mrs / Ms)</b> <i>Please print name in block letters as you wish it to appear in the certificate. <u>Underline Surname.</u></i>		
<b>MCR No.</b>		
<b>Designation</b>		
<b>Institution / Department</b>		
<b>Address</b>		
<b>Office No.</b>	<b>Pager / Mobile No.</b>	<b>Fax No.</b>
<b>Email</b>		
<b>Signature / Date</b>		

**Please complete and send the registration form to:-**

**Ms Winnie Seek**

Associate Dean's Office  
c/o Medical Affairs Department (Education)  
National University Hospital  
Level 5, Kent Ridge Wing  
5 Lower Kent Ridge Road  
Singapore 119074

**DID: 6772-5926**

**Fax: 6775-6757**

**Email: Win\_Nie\_Seek@nuh.com.sg**

Cancellation Clause:

The organiser reserves the right to cancel the workshop should unforeseen circumstances necessitate it.