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NHGEducation

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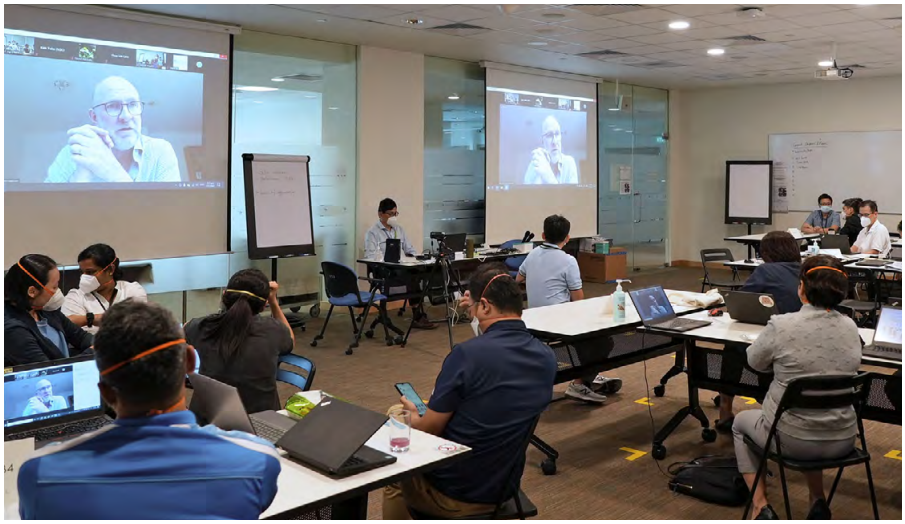
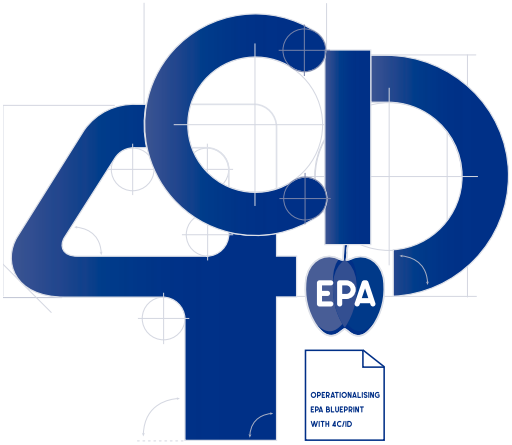
NHG EDUCATION

Education Overseas Expert Programme:

4C/ID - An Effective and Holistic Approach to Designing Training Blueprints



Education Overseas Expert Programme: 4C/ID workshop *Photo credit: Jason Tay*



Design: Adj. A/Prof. Yip Chee Chew, Dr James Ding Jianbin. Graphic Production: NHG College. 4C/ID Concept: Prof. Jeroen van Merrienboer.

Health professions trainees completing their clinical postings in National Healthcare Group (NHG) can look forward to more effective training methodologies that will help them sharpen their professional competencies, in the near future.

Thirty-two NHG clinical educators from various health professions groups had the opportunity to learn from a world-leading expert in instructional design, Professor Jeroen van Merriënboer, from Maastricht University (Netherlands). They were amongst the first in Singapore's healthcare to learn the four-component instructional design (4C/ID) model and use it to design training blueprints based on Entrustable Professional Activities (EPAs). EPA is an emerging educational standard that has been adopted by many healthcare professional groups worldwide.

Adjunct Associate Professor Yip Chee Chew, Education Director, Khoo Teck Puat Hospital (KTPH), who initiated the four-day workshop with Prof Merriënboer in February 2022, explained that designing EPA blueprints is a complex process. EPAs are units of professional practice – tasks or responsibilities – that the trainee can be trusted (by the clinical supervisor) to perform independently upon attaining sufficient competency.

Adj A/Prof Yip who is also a senior consultant in Ophthalmology, cited an EPA example of "managing a patient suffering from acute blurring of vision" being a whole-task, which requires the synthesis and application of multiple skills and competencies to manage the patient. He said: "A junior trainee may have the required competencies, but he/she may not know how to integrate these competencies to optimise care for the patient... and this is where EPAs come in."

4C/ID for better EPA designs

Adj A/Prof Yip highlighted that while EPA defines the competence of a medical practitioner, there is a lag in the curriculum design to train learners to achieve this desired end-result.

"That is why, we invited Prof Merriënboer to share his expertise on 4C/ID," he shared, explaining that 4C/ID is an "established and theoretically underpinned" instructional design model to develop a structured and comprehensive blueprint for complex learning involving whole-task training.

The four components of the 4C/ID model enable different aspects of a whole-task to be trained.

The first component, 'learning tasks', forms the backbone of the blueprint by providing whole-tasks for the trainees to acquire the necessary knowledge, skills and attitudes.

The second component, 'supportive information', comprises cognitive strategies and 'rules of the thumb' to perform the non-recurrent aspects of the task (EPA) such as clinical reasoning.

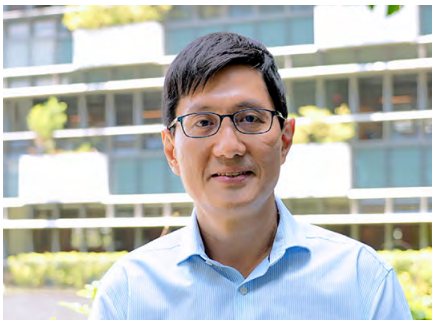
The third component, 'procedural information', is given just-in-time to guide the trainee, such as instructional manuals and corrective feedback, in performing the recurrent aspects of a task.

The final component, 'part-task practice', is a series of repetitive practice items that aid the trainee in developing a high level of automaticity for the routine aspects of a task.

Variability is Key to the Transfer of Learning

"Task variability is one unique feature of 4C/ID," noted Adj A/Prof Yip. He explained that it is not possible to show all the variations and permutations of clinical cases that the trainee may encounter. Task variability will help the trainee to learn the "general information (of the task or clinical condition)" which can be transferred and applied to problem-solve unfamiliar cases in future.

"As what Prof Merriënboer shared: 'Once you have seen many butterflies... and when you encounter an unfamiliar one, you'd be able to tell that it is a butterfly'," recounted Adj A/Prof Yip.



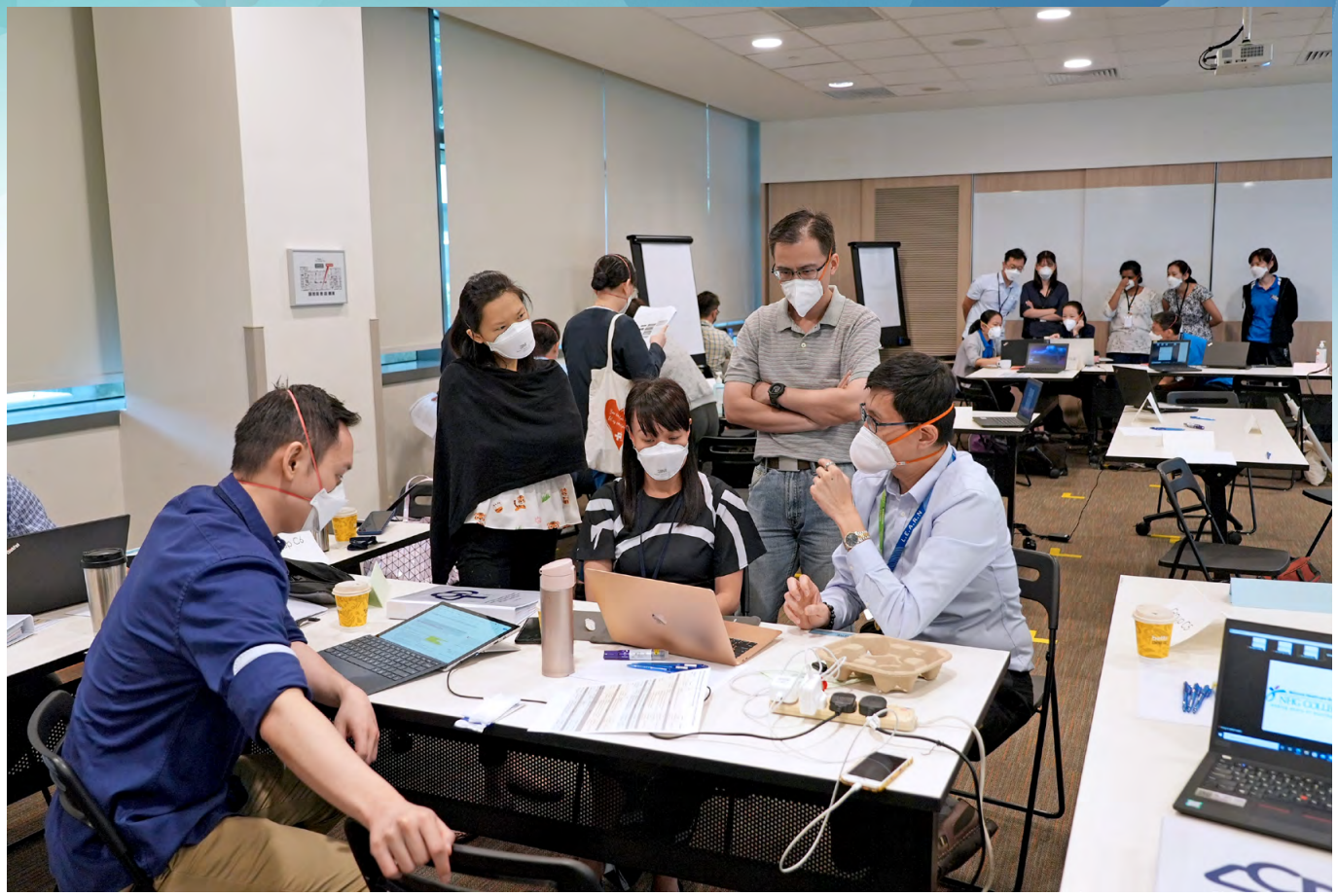
Adj Assoc Prof Yip Chee Chew

Do not overload the learner

4C/ID, based on the cognitive load theory (CLT) suggests that learning is optimised through managing the level of cognitive load imposed on the learner's working memory.

Cognitive overload happens when the cognitive capacity of the learner's working memory is overwhelmed, and this may occur due to:

- **High intrinsic load** - the innate difficulty (complexity) of the task. The more complex the task, the higher the load; and
- **Excessive extraneous load** - the learning materials are presented in a convoluted, irrelevant or unclear manner, such as using complicated vocabulary, unnecessary anecdotes or details, and non-essential graphics or animation.



Adj A/Prof Yip Chee Chew (seated, right) facilitating the workshop *Photo credit: Jason Tay*

Prof Merriënboer stressed the need for curriculum designers to be cognisant not to overload the learner's cognitive capacity, when designing instructional content for complex learning tasks such as EPAs.

He suggested segmenting complex learning tasks into smaller bits (reducing intrinsic load), keeping learning materials clean and simple (minimising the extraneous load), creating a conducive learning environment that encourages educator engagement, and promoting reflections (to enhance the germane load for learning).

Prof Merriënboer shared that by enhancing the germane load, learners will be able to refocus their attention on learning the new task, and facilitate the construction of cognitive schemas (mental models), which are vital for them to develop a deeper understanding of a subject matter or domain.

He added that scaffolding the learning contents also helps to regulate the learner's cognitive load. Scaffolding, as it name suggests, entails reducing the support and guidance to learners as they develop more expertise; similar to physical scaffold structures being gradually removed as the construction of the building progresses.

"It was enlightening to bring in the perspective of CLT to help us understand how to design effective instructional methods with the focus to reduce extraneous load, and to present the information in an effective way," said Dr Ng Wee Khoon, Programme Director (NHG Internal Medicine Residency Programme) who attended the four-day workshop.

Sharing the same sentiment, participant, Dr Phua Dong Haur, Programme Director (NHG Emergency Medicine Residency Programme), said: "Many of the aspects of 4C/ID and CLT are useful for the faculty in formulating and executing their lesson plans.

"These (models) are elegant, rigorous and thorough in the understanding of human cognition and learning… and they should be employed in developing and delivering a curriculum so that trainees can acquire the required competencies."

Ms Heidi Tan, Assistant Director (Education), Allied Health Division, Tan Tock Seng Hospital, shared that the models made her realise the "need to be more explicit in breaking down learning tasks into steps, and to scaffold the learning in an intentional way to enhance the learning of complex tasks".

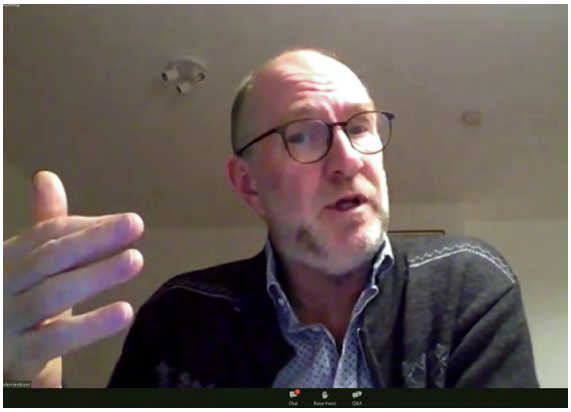
Ms Loo Gaik Lee, Assistant Director, Nursing (Education), Nursing Administration, Yishun Health, said that as an instructor, the 4C/ID model helped her to breakdown complex tasks into "learning objectives", and to "choose an optimal instructional method to teach each learning objective until all the objectives had been taught".

While the participants found 4C/ID to be an effective and structured model for educators and curriculum designers to adopt, many cited the model's complexity as a challenge to incorporate into existing training programmes.

"Some of the terms used in designing the blueprint are new, and will require orientating the ground clinical instructors and preceptors to the 4C/ID jargons, which requires a huge adjustment and time," said Ms Loo.

Echoing her sentiments, Ms Tan said: "The key challenge is time… revamping current training will take time… perhaps in the interim, incorporating some of its principles to current programmes would be beneficial."

Prof Merriënboer concurred that time will be needed for the transition to developing EPA blueprints with 4C/ID. However, he opined that the time and effort spent would be worthwhile as "we need to do things right, rather than doing what we find easy and familiar but less than satisfactory".



Prof Jeroen van Merriënboer

NHG Chief Resident Series:

CRystallising Tomorrow's Physician Leaders

In this three-part series, we spoke to alumni chief residents and graduates from National Healthcare Group (NHG) Residency about their experiences as young doctors learning to lead their peers, balancing their lives between work and family, and honing their skills to become the physician leaders for tomorrow's healthcare.

In the last of a three-part series, we spoke to two pioneer NHG residents, Drs Kee Kok Wai and Lester Tan to learn about their decade-long medical journey as pioneer residents, young physician leaders, and now Associate Programme Directors (APDs) in their respective specialities: Family Medicine Residency Programme, and Postgraduate Year 1 (Tan Tock Seng Hospital).

1. Drs Kee Kok Wai and Lester Tan, I understand that both of you were from the inaugural batch of residents from NHG Residency, and were nominated as an NHG representative to attend the Singapore Chief Residency Programme (SCRP). Can you share a little more about your training journey?

Dr Lester Tan (L): I was very fortunate to be in the first batch of orthopaedic surgery residents along with seven other NHG residents, who started in 2011. I became a senior resident in 2014 (to 2017), and it was also around that time the then-programme director (PD) of NHG Orthopaedic Residency Programme, Dr Sathappan nominated me to be the chief resident (CR) for my programme. I was given the opportunity to attend the NHG Chief Resident Induction Programme (CRIP) in 2014, and nominated in the following year (2015) to attend the Singapore Chief Residency Programme (SCRP).

Dr Kee Kok Wai (K): I did attend some form of CRIP when I was in my residency year 3 as a Family Medicine (FM) CR, sometime in 2013. And I was nominated to be the FM representative for SCRP in 2017, by NHGP (NHG Polyclinic) senior management. Come to think of it, 2017 was a busy year for me (laughs)! I was also doing my FM fellowship with the College of Family Physicians Singapore!

2. Can you share with us a little about your Singapore Chief Residency Programme journey, and what were some of the key takeaways from your experience?

L: The SCRP was a very well thought-through programme. It covered many aspects of healthcare leadership in Singapore. There were talks by various members of senior management from the different healthcare clusters; courses about mentoring and how to optimise teaching; doing the Myers-Briggs Type Indicator to understand ourselves a little better; going through Outward Bound Singapore with my course-mates; and completing with a poster/project within our own specialty. These courses raised more questions than answers, and showed me how much I did not know or understand regarding teaching, mentoring and working with others.

Learning about different personality types also gave me a better understanding of myself and how to interact differently with different personalities. On the hierarchy of competence, (it was) moving me up from 'unconscious incompetence' to 'conscious incompetence'. Only when you know what you don't know, can you improve.

K: It was an exploratory journey for me. I started to have a better understanding of myself, and the healthcare system with a more macro view. I became more comfortable with the nuances and issues within public healthcare, after gaining more awareness of the various considerations and variables that influence the whole healthcare

ecosystem. And slowly, becoming a bit more 'zen' and 'steady' to face challenges at work, rolling with any resistance or changes.

I value the fellowships and friendships forged with my SCRP cohort mates. It is not just learning from each other's specialties, medical knowledge and practice, but also the connections formed, where we network to work on projects that aim to improve patient care.

L: The other thing I really took away from the course was about mentorship. With training moving from the previous nationwide BST (Basic Specialist Training)/AST (Advanced Specialist Training) system to residency, the role and importance of the mentor becomes more important to define. We tried to make some changes and even started a SR-JR (Senior Resident-Junior Resident) mentoring system, with senior residents advising junior residents how to navigate their way through the training programme through their own experience. That said, we still struggle with mentoring our residents properly. The challenge now is not only to train orthopaedic surgeons with mastery in surgical skills, but also to train consultants for public institutions, who are able to balance clinical work with education, research and administrative duties.

One of the highlights of the course was really the opportunity to listen to some truly great minds. We were lucky to have Professor Philip Choo from NHG and Professor Ivy Ng from SingHealth come speak to us during the SCRP. From the way they presented, spoke and answered questions, it showed their clarity of thought, with the big picture in mind, but still being fully aware of key details. They also shared some of the difficult choices they have had to make, and the courage to make unpopular decisions is not something most people possess. These small group sessions were only possible through the SCRP.

K: I was inspired by the various healthcare leaders that I've spoken to in SCRP, they have shaped my leadership journey through role modeling and learning from their experience and sharing.

In my clinic, I also started sharing personal past experience with my juniors and peers during social check-ins, informal teachings, mentor-mentee meetings, etc. And I have also created a Community of Practice to share bite-sized personal and professional/faculty development tips and experience. This happens every Wednesday morning, during the 15minutes roll call, which I call "Wonderful Wednesdays".

And now that I am formally involved in SCRP (as Assistant Programme Director), I have also started facilitating and sharing my experiences during the SCRP seminars.

3. Was taking on the role of an NHG representative to SCRP extra taxing for you, in addition to your clinical and family duties? How did you manage?

L: Balancing work, training, SCRP courses and family life was definitely a challenge. My wife and I were blessed to have our beautiful twins at that time, and thanks to her incredible support, throughout my residency as well, I was able to attend the courses which were sometimes held in the evenings. It always helps to have supportive peers and understanding bosses.

K: Every activity and duty we do, fills up a part of our time. I know it can be taxing. But, I try not to think about any new role or work being taxing or being a burden. I treat it more like an opportunity, learning more about the different colours in life.

The key thing is to be aware about the role, organise your time/schedule and prioritise accordingly. As long as the awareness is there and there are no negative emotions attached to it, just take things step by step.

4. I can tell that both of you are very enthusiastic about giving back to residency and education – from taking up the role of an APD, to sharing your experiences at various CRIPs. Can you share with us, what made you decide to take up an additional role (in education) on top of your clinical responsibilities?

K: It is great to be able to contribute back. I believe in making a positive impact in everyone's life. Teaching and mentoring are not just about the personal/professional development of the juniors, but also (hopefully) to make them better doctors 😊, and to amplify the positive impact of paying it forward. Doing good and serving the patient can't be just one person's effort – having more people providing great and better care to the patients and community is what I always believe in.

L: We all have a responsibility to train the future batches, and they will only get better and surpass us as they build on current foundations and learn new skills along the way.

5. What advice would you give to current and future residents who are nominated to take on the role of a CR?

L: The CR to me is someone to bridge between the hospital/faculty and the rest of the residents. They need to step up and guide the residents together with the PD. Soft skills like keeping morale up and preventing burnout are extremely important, and also sometimes taking on unpopular roles like maintaining discipline if breached.

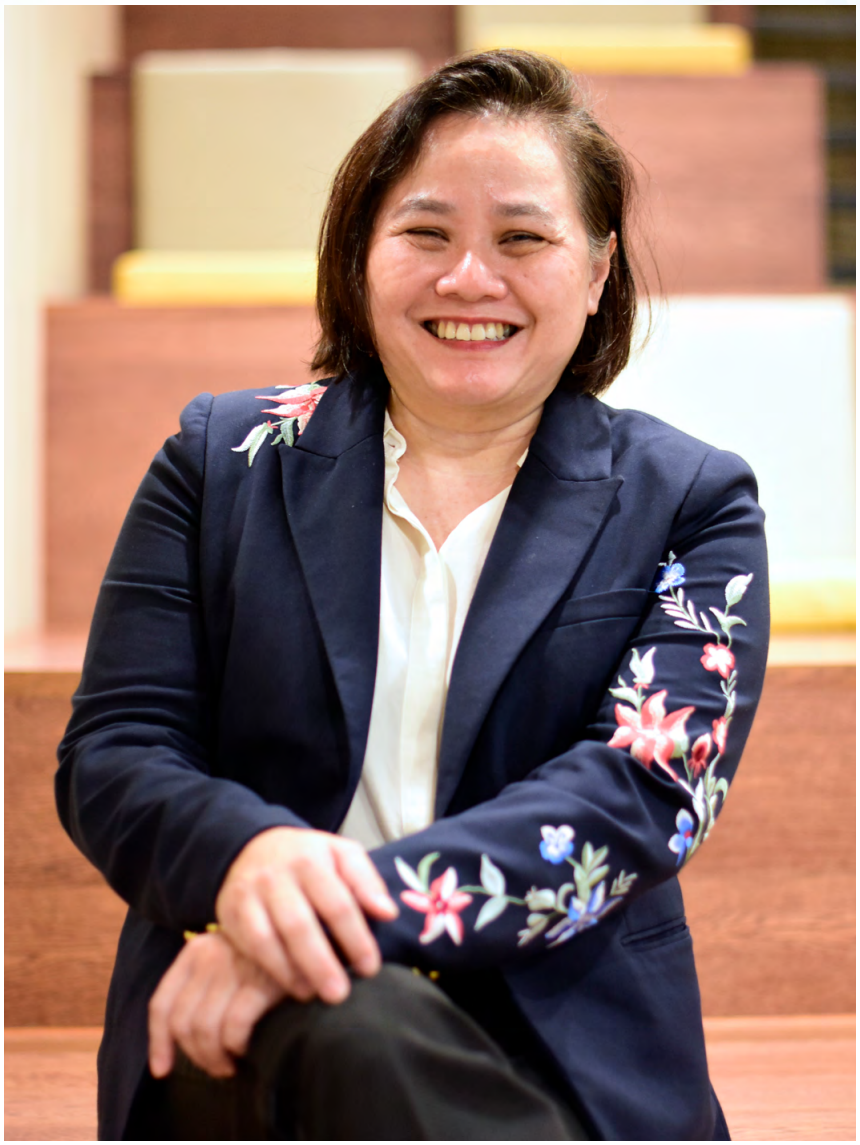
K: I guess being a CR is to be grateful to have the opportunity to involve, learn, grow and contribute.

To current and future CRs, have fun getting to know new friends, and learn from others and the healthcare leaders. Be grateful always being given this opportunity to learn and grow. And do come back next time to teach and share with the juniors!

Dr Kee Kok Wai is a Family Physician consultant, and the Deputy Head at Toa Payoh Polyclinic. He holds several education positions such as Associate Programme Director (NHG Family Medicine Residency Programme), Assistant Director (Family Medicine Development, NHGP), and Assistant Programme Director (Singapore Chief Residency Programme, MOHH Healthcare Leadership College). Dr Kee is actively involved in postgraduate teachings, and is a faculty for Graduate Diploma and Fellowship Programmes in the College of Family Physician Singapore. He has a special interest in chronic disease management and endocrine disorders.

Dr Lester Tan is a consultant in the Department of Orthopaedic Surgery in Tan Tock Seng Hospital. He is a Core Faculty for the NHG Orthopaedic Surgery Residency Programme, and the Associate Programme Director for the TTSH PGY1 programme. Dr Tan is also the Orthopaedic Surgery Lead for Nanyang Technological University Lee Kong Chian School of Medicine.

Conversations with Associate Professor Michelle Jong: NHG Education in and Beyond DORSCON Yellow



Assoc Prof Michelle Jong *Photo credit: Ben Lee*

The entire health professions education sector has had to quickly adapt to new digital modes of learning during the pandemic. With Singapore easing the COVID-19 restrictions after two years, we spoke to NHG Group Chief Education Officer, Associate Professor Michelle Jong to learn more about the current health professions education landscape, its role in reshaping healthcare delivery, and Group Education's plans moving forward.

1. A/Prof Michelle Jong, in your view, what are the biggest healthcare challenges/issues facing Singapore in the coming decade?

The challenges in our healthcare landscape are tied in with Singapore's, specifically:

- Declining birth rates and an ageing population means that the need for healthcare increases.
- Improvements in what is possible by medical science drive an increased need for, access to, and cost of healthcare. This also increases the complexity of care, and the complexity of preparing our healthcare workforce to manage patients.
- At the rate science is changing and evolving, life-long learning is no longer negotiable.
- The IT revolution has made more things possible. This is both beneficial as well as a challenge to the future of medicine. More can be done in areas that improve the health and well-being of our population, but it also increases the financial burden of healthcare, its complexity, and that brings about new pitfalls. An example of this complexity would be the increase in data availability. With patients generating their own health data with wearable devices, and having unified medical records across healthcare institutions, would in theory result in benefits such as better care, and personalisation of treatment. However, this increase in the granularity of data can lead to data overload. With physicians needing to comb through a lot more data, the ability to glean important nuggets becomes more difficult. And we may also see an increase in physician burnout and error rates.
- As society improves, Singaporeans are on a different plane of Maslow's hierarchy of needs. And the culture of health delivery needs to step up to meet them. NHG is looking forward to improving the health and well-being of all Singaporeans in the areas that we serve. This moves us away from treatment of illness to addressing the health and wellness throughout a person's life journey.

2. Since assuming the role of Group Chief Education Officer of NHG in February 2021, can you share with us the strategic direction that you have set for NHG Education? What are some of the initiatives and key areas for improvement in health professions education, training and development that you plan to advance?

I was fortunate to take over a portfolio with a great foundation laid down by my predecessor, Associate Professor Nicholas Chew. And we have spent the past year focusing on a few areas for the next lap of education in NHG:

- Supporting NHG's mission in population health through the development and delivery of patient education materials. Previously, NHG Education focused mainly on staff education. However, it has since taken on the new role of empowering and educating our patients.

"Our population and patients are at the core of all we do, and this is only possible because of our healthcare teams. Our priority is to see how can we support and improve our systems and structures of education, so that they are able to better care for our patients."

- Layering upon our previous formalised structures of education, we are working on modular and flexible education provision for our staff. We are collaborating with Nanyang Technological University Lee Kong Chian School of Medicine to launch stackable programmes, which will address the need for life-long education for our healthcare staff, and ensure that our teams stay current and relevant to the changing healthcare landscape.

- Increasing productivity and improving insights in education through automation and IT adoption. We are up-skilling our teams to harness the power of IT and capture the benefits of the digital revolution. We cannot do this if we do not equip our people with the skills to use them effectively.

- Not losing sight of our people. Our population and patients are at the core of all we do, and this is only possible because of our healthcare teams. Our priority is to see how can we support and improve our systems and structures of education, so that they are able to better care for our patients.

3. NHG Education's Professional for Tomorrow's Healthcare (PTH) framework seeks to develop "T-shaped professionals" who have both deep technical expertise (specific to one's job) as well as broad-based knowledge and skills that cut across disciplines. What are your thoughts on this framework's applicability moving forward?

Life-long learning, pivoting and up-skilling are necessary for our teams to stay nimble, and continue to meet the needs of healthcare provision. The ability to see this need, and to design and deliver effective programmes are two different things! Whilst we need to scale up training, we must also ensure that each individual has the right combination of skills, competencies and attitudes to do their job well. Personalised education needs to be conducted on a large scale.

4. Do you feel that there is sufficient focus on continuous professional development among NHG's healthcare professionals, educators, and leaders? What steps is NHG Education taking to encourage them to do so?

I think everyone believes in life-long education and professional development. The challenge lies in the execution. A day has 24 hours, regardless of who you are, so learning and developing competes for bandwidth as we go about fulfilling the duties of who we are as a healthcare provider, an employee of the institution we work for, a human who needs to eat and sleep, a parent, a spouse, a friend, and a citizen of our community. We need to think deeply to meet people where they are, and support people where we can to give them the ability to focus on their education needs.

5. We understand that the best way to ensure better health outcomes for the population is to go into the community and educate the patients themselves on disease prevention and management. What are some education and outreach initiatives that NHG Education has launched (or will soon launch) to engage directly with patients as well as caregivers?

We are going into patient education in a big way at different ends of the spectrum. We are currently working on education for patients in the wellness space for preventive health, when they are living with illness, and to manage end-of-life care.

Many pockets throughout NHG already have great patient education engagements, which are meaningful and personalised. We need to harness this and add scale to it, leveraging on IT, and ensuring we do not lose sight of the quality of the information and the people we serve. It is a tall order, and it will take us many years to get there.

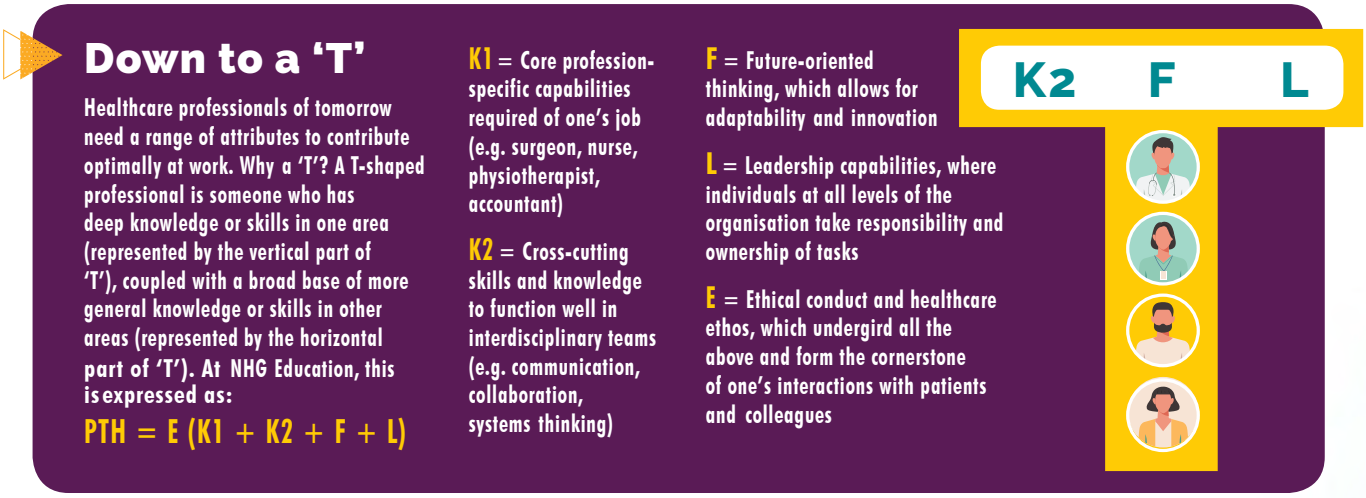


Illustration Credit: NHG Lifewise Apr-Jun 2022, Issue 92 (Cover Story)

So, the idea of the *'T-shaped' professional with both deep technical expertise and broad based knowledge continues to be the bedrock of our core business. However, we also need to pay attention to developing new skills which need to be added to the individual's 'T' bar such as technology adoption, and help learners define their 'value proposition' as experts in their field, so they can deepen mastery of their specialty. What we also need to do is to look at the team's 'Ts' on top of individual's 'Ts'.

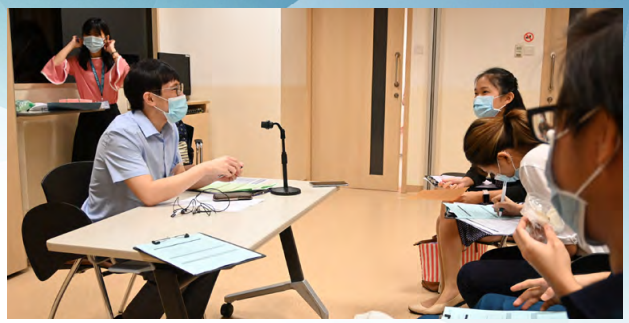
With improvements in science and the rapidity of change of information, it is not possible for an individual to meet the needs of the patient. How we look at the 'Ts' of individuals dovetailing to provide the large 'T' of the team is an interesting area of research and implementation going forward.

Above all, even as an educator, we must not lose sight that education is a tool to drive clinical outcomes. There is nothing wrong with education for education's sake if it results in a better thinking team, and teaching people how to learn. But the purpose of clinical education has a higher calling, which is education that supports the health of the population.

"Whilst we need to scale up training, we must also ensure that each individual has the right combination of skills, competencies and attitudes to do their job well."

PGY1: The Journey Begins

Dr Faith Chia, NHG Residency Designated Institutional Official during her opening address



PGY1s taking turns to role-play (over the phone) with standardised patients, and assessing each other's doctor-patient interactions during the communication skills training workshop

"You shouldn't just plunge into this new phase of your life without thinking much about it..." – Prof Chin Jing Jih

"In a very short while, you'd be addressed as Dr Tan, Dr Lim, Dr Rajoo, Dr Ravi... (and) I hope that for most of you, it is an exciting time," said Professor Chin Jing Jih, Chairman Medical Board, Tan Tock Seng Hospital, to the 65 newly-minted doctors who commenced their Postgraduate Year 1 (PGY1) training on 25 Apr 2022.

These medical graduates will undergo a 12-month training programme, rotating through different institutions and departments such as General Medicine, General Surgery, and Orthopaedic Surgery, to equip them with the necessary clinical experience and skills required for medical registration.

"I think beyond that, it is a place of transition, moving from a very different lifestyle (of a medical student) to another (of a doctor), and it requires a lot of adaptation," said Prof Chin.

Protect others by protecting yourself

"This is where you need to learn how to protect yourself, literally and figuratively," he said, emphasising the need to observe infection control measures carefully to protect oneself from workplace hazards such as blood taking, administering drips, and other procedures that the PGY1s will perform.

With workplace safety being especially crucial in a time of endemic, N95 mask fittings and personal protective equipment (PPE) refresher were among the first tasks that the PGY1s had to undergo as part of their orientation.

"While we never post PGY1s to COVID wards... the problem is that COVID is 'everywhere'," said NHG Residency Designated Institutional Official, Dr Faith Chia, during her welcome address.

"(And) even though you might not be purposefully placed in the frontline of taking care of COVID patients, make sure you learn how to put on your PPE well, so that you can keep your family and friends safe."

Prof Chin cautioned the PGY1s that while it is an "exciting time" as they enter the healthcare workforce as doctors, the responsibilities that come with the title of "doctor" is a lot to shoulder.

"You shouldn't just plunge into this new phase of your life without thinking much about it... you are going to be part of the care team, patient and relatives will call you (to find out) about their family members in the wards," he said, stressing the importance of being familiar with the medical cases that the PGY1s are handling, and knowing what their limits are.

"For things that you have never done before, even when ordered to do, tell your senior that you have not done this before... ask, can you supervise me? (or) guide me?" Prof Chin said, urging the PGY1s to be humble and accept that they have not learnt or acquired certain clinical skills or knowledge.

Time to learn, and the right to learn

He also took the opportunity to remind the PGY1s that it is a good period to learn, because as doctors in training, their seniors are present to teach and guide them whenever they seek help.

"Remember... you have the right to learn," he said.

"I do hope that you will have a year of growth with us, you will learn things about yourself, learn things about medicine, and that you will form really strong bonds with the people around you – your peers, seniors, and juniors," said Dr Chia.

PGY1s testing their N95 masks

"You are at the very start of your journey, please take this time to explore what you think you have the skills for, what you will be happy doing, the area which you can best contribute based on what you have, and we hope that we will see many of you with us... (that) you will come and join us in residency... and twenty years later, you will be standing where I am (laughs), addressing future batches of PGY1s."

Congratulations to NHG Residents, Drs Alan Yeo, Liang Junyu and Wee Lin on receving the National Outstanding PGY1 Award!

The National Outstanding Postgraduate Year One (PGY1) award is presented by the Ministry of Health, to recognise medical graduates who have demonstrated consistency and excellence in the PGY1 training programme across their clinical skills, medical knowledge, personal attribute and work performance. Drs Alan Yeo and Liang Junyu (from NHG Family Medicine residency programme), and Dr Wee Lin (from NHG Internal Medicine residency programme) were amongst the ten outstanding PGY1s who received this award for the preceding academic year.

Dr Alan Yeo

Dr Wee Lin

Dr Liang Junyu

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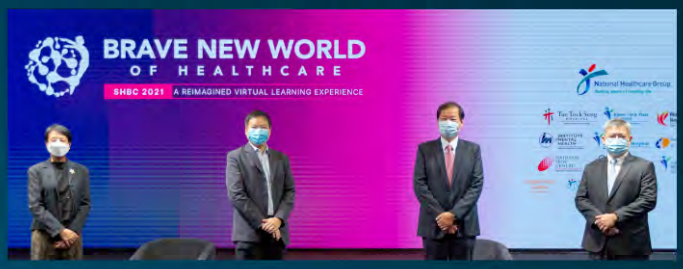
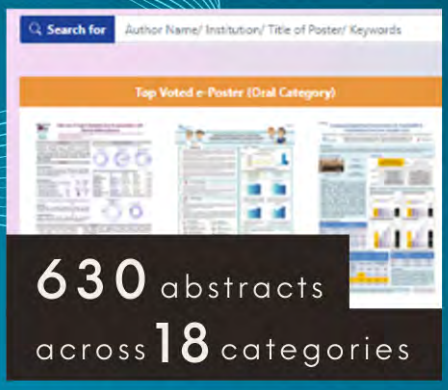
12 - 13 OCTOBER 2022, SINGAPORE EXPO

VIRTUAL SHBC 2021: IN A SNAPSHOT



3,600 registered delegates

Virtual with On-Demand Videos



630 abstracts across 18 categories

Over 90 local & overseas faculty

Registration & Abstract Portals Open in July 2022!

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