

HONG KONG COLLEGE OF EMERGENCY MEDICINE 香港急症科醫學院	Document No.	EC-TG-SIP-001-V1
	Issue Date	1 May 2023
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<u>Subject</u> <b>Service Improvement Projects (SIP)</b>		

# Hong Kong College of Emergency Medicine

## Service Improvement Projects (SIP) Education Committee (EC), HKCEM

Version	Effective date
1	1 July 2024

Document number	EC-TG-SIP-001-V1
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Endorsed by	College Council
Approved date	17 April 2023
Distribution List	Training Supervisors, Trainers and Trainees

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## Hong Kong College of Emergency Medicine



### Service Improvement Projects (SIP)

For trainees

#### Introduction

Service improvement projects or SIP is a new training requirement starting from 2024 for trainees to participate in their training pathway. It is to be built into our training curriculum on the roadmap of “competency based medical education” which may fill the gap of training and assessment in one of our six core competencies, namely “organization planning and management skills” and partly on “communication and collaboration skills”.

#### The design

1. The design of HKCEM SIP will include all aspects of clinical service improvement rather than on quality alone. It blends training and service together, ‘killing two birds with one stone’. This is in contrary to the conventional belief that training and service are competing distinct entities with a trade-off of time and efforts. The trainees can help the department service and fulfill the training requirement at the same time.
2. Instead of a single service improvement project, the program adopts a training point earning system throughout the training pathway. All quality, management and service-related activities/projects in the department/hospital will earn training points.
3. Trainees are encouraged to be involved in SIP early in their training career. A trainee can participate in a project as a team member in their basic training and with experience accumulates, lead a project in higher training.
4. Trainees should not conclude a project when it is just completed. A follow through on the project afterwards (for example, a period of 3-6 months) is recommended before wrapping up the learning points and reflections.
5. Attending training courses or management meetings passively will **not** count SIP training points.
6. The activity or project must be related to clinical service. However, it is not necessarily a project within the hospital. Clinical related service improvement activity in the community is also countable and the training supervisor of the trainee should have the final decision.

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7. Service improvement projects done by trainees before enrollment as EM trainees will generally not be considered by the training supervisors.

### Training Point S: (TPS; S for services)

Taking reference to the current training point system, the quantification of efforts spent in SIP is by training point S. The calculation of TPS is almost identical to training point A and B: for example: 1 hour spent = 1 point and a whole day involvement = 6 points. A project can be capped at 10/20/30 points depending on degree of involvement and size of the project.

Maximum Training point for various categories of SIP with examples (Table 1):

**Table 1: SIP and capped TPS**

Project category	Examples	Capped TPS	Remarks
<b>Small</b>	Small scale audit activity Single management protocol that can be done without collaboration. Time investment less than 15 hours.	10	Marks to be decided and endorsed by training supervisors
<b>Medium</b>	Project involves collaboration with another department. Time investment 15-25 hours.	20	Marks to be decided and endorsed by training supervisors
<b>Large</b>	Multi-department or multi-disciplinary project. Project at cluster and corporate level. Time investment > 25 hours	30	Marks to be decided and endorsed by training supervisors
<b>Additional rules:</b>			
<ol style="list-style-type: none"> <li>1. Leader bonus: Actively leading a project will add TPS 5 to the capped point. For example, leading a small project can earn 15 points. In general, there should be one trainee leader for each project.</li> <li>2. The TPS is based on 1 point for 1 hour involvement. The capped score of a project only applies when a project spent more than the capped hours, so if a small project only took 5 hours to complete, one should only claim 5 TPS.</li> </ol>			

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**Assessment:**

Reporting of TPS is initiated by trainees and the trainees are responsible for accurately reporting the time involved in the SIP. Trainees also need to indicate active or passive participation.

Here is a template of reporting format that will be incorporated in the HKCEM e-portfolio (table 2):

**Table 2: SIP reporting form (with an example)**

Report serial number	Name of SIP	Category (audit, service improvement project, protocol design/revision, others)	Category of project: (small, medium, large)	Hour spent
1	Audit of trauma call compliance	Project (audit)	small	4
<b>Date of project / course commencement:</b>	<b>Date of project / course completion</b>	<b>Post-completion evaluation period</b>	<b>Date of SIP reporting</b>	
<b>Active/leading/passive )+5 for active)</b>	<b>TPS claimed (based on hour and capping)</b>	<b>Additional TPS for active/leading</b>	<b>Total TPS claimed</b>	
Active/leading	4	+5	9	
<b>Trainee's learning point:</b>				
Learning points from the SIP:				
Suggestions on service improvement:				
<b>Training supervisor comment and endorsement:</b>				

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<b>Comment by TS on the SIP</b>	
Endorsed	Remarks:
Yes/No	

Assessment of the SIP should **primarily be appraised and endorsed by a training supervisor (TS)** or delegate who is a senior fellow.

Training points must be countersigned/approved by the TS in the e-portfolio. The TS is entitled to reject or reduce the number of TPS for suboptimal involvement of the trainee in the activity/project.

The trainee is responsible to keep a log in the e-portfolio on every SIP and **write a summary of learning points after completion of each project.**

Any SIP and related TPS without a written learning summary satisfactorily completed will not be endorsed by the TS.

#### **Guidelines for Training Supervisors (TS) on Assessment of SIPs**

- TS should familiarize with the details of this document.
- TS or delegates should actively follow the progress of trainees' SIPs from the beginning and ensure their actual participation.
- During the final assessment and endorsement of a project, TS should review the learning points written by the trainee carefully to ensure they have learned from the process.
- If deemed necessary, TS should discuss with trainees to seek clarification and then revise the claim as appropriate before endorsing the training points.
- TS can bring up trainees' progress and performance of SIP in training supervisor meeting for discussion

#### **Workflow of SIP documentation in the college e-portfolio:**

The College e-portfolio would be an ideal platform for management and assessment of SIP. Written documentation may be required before the e-portfolio system development on SIP is ready. The e-portfolio platform should enable the following steps:

1. A trainee to start a SIP in the e-portfolio

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2. The trainee to report training point S at time of convenience, with auto-calculation on points accumulated
3. The trainee to write learning points on each reported SIP
4. TS or delegate to adjust training point S if necessary
5. TS or delegate to write comments on trainees SIP
6. TS or delegate to endorse a SIP and approve the training point S claimed (with or without adjustment by TS)
7. The system will compute total training point S on multiple projects

### Quality Assurance at the College Level

The curriculum committee will form a panel to assess and review this program regularly and suggest improvement measures.

### College requirement on fulfillment of SIP for admission to Exit Assessment:

1. A trainee has to obtain at least **20 TPS** for Exit Assessment application.
2. All learning points and TPS have to be endorsed by the training supervisor or his delegate.
3. A trainee is expected to present his service improvement project(s) to the panel during the Exit Assessment.

### Time-frame of rolling out

- It is proposed to start the SIP in 2024.
- All higher trainees enrolled on or after 1 July 2024 will be mandatory to fulfill the SIP requirement before Exit Assessment.

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## Appendix 1. Examples of SIP

Service improvement projects within HA institutions or working hospitals.

Examples:

- **Leading or participating** an audit activity related to service and quality
- **Organizing** (not passive participation) drills to enhance service or safety
- **Complaint management**
- **Initiating/or helping in** a new service in the department: example:
  - toxicology consultation service;
  - hospital rapid response team,
  - ambulatory extended A&E care
  - AMI and stroke fast-track
  - Geriatric front-door program
- **Initiating/ help in** revision/improve current available services:
  - Revise infection control workflow and protocol
  - Re-design workflow to streamline patient pathway and reduce process time
  - Hospital/department rebuild/renovation
  - EMW expansion/new service
  - Improve the design of patient consent form/time-out form
- **Initiating/ helping in** other management initiatives: examples:
  - Revision of shift pattern to improve staff life quality
  - Taskforce in reduce hospital admission
  - Promote smart hospital (e-AED), telemedicine and i-care
  - Design patient information pamphlet

**Exclusion:** purely attending training or academic activities. Examples:

- M&M meeting, or any training program with training point A or B
- Passive attending a management meeting.