



Rising Above the COVID-19 Situation by Bringing our Core Milestone Leadership Programmes (CMLP) Online

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Introduction

With Covid-19 putting a pause to all Face-to-Face (F2F) trainings, the Leadership Framework & Development (LFD) team set out to ensure continuity of SingHealth CMLP training by converting F2F to virtual training.

The LFD team sought to establish whether:

- There is any significant change in the evaluation feedback when converting F2F training to virtual training; and
- Virtual training is as effective as F2F training/classes when innovations are put in place to alleviate the challenges and concerns of virtual training.

Methodology

At the end of each programme run, participants are given an evaluation form to provide their feedback on the programme. With a set of standardized CMLP evaluation questions, we compared the responses over Financial Year (FY) 2019 (F2F) and FY2020 (virtual) to evaluate the effectiveness of the virtual training as compared to F2F training.

Our team worked with our training partners over the span of 4 months to convert the F2F training to be delivered fully via e-learning (via SingHealth's e-learning portal) and Virtual Instructor-Led Workshops (via Zoom).

Observations from the pilot runs and feedback from the participants allowed us to adapt and innovate measures to mitigate the challenges of virtual training (as shown below).

Concerns/Challenges

Screen fatigue from long hours of online training



Innovations Incorporated

Frequent short breaks were given

F2F CMLP sessions were very interactive and allowed for many learning activities



Smaller group discussions, role-play activities, videos, and games were incorporated to facilitate interaction and inject variety in the learning environment

F2F CMLP sessions made it easier for participants to socialize and get acquainted



The trainers made the effort to be present by having their web cameras on outside of the formal programme sessions to provide windows of opportunity for networking among the facilitators and fellow participants (e.g. 30mins before the start of the workshop, during the breaks, and after the session)

Unpredictable technical difficulties (e.g. unstable network connection, network disruptions)

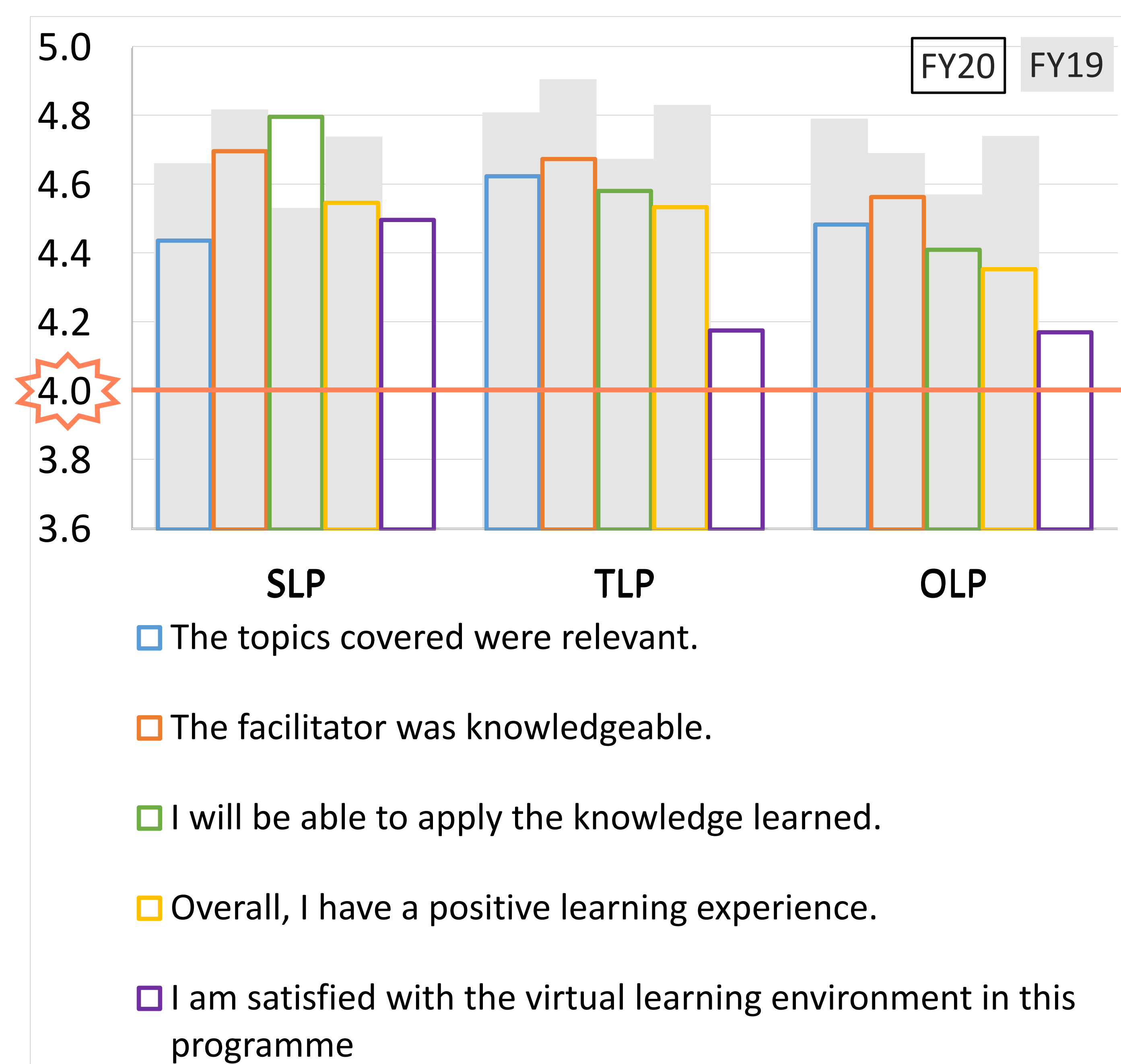


Trainers would have the training material on standby via alternate platforms to allow for flexibility in how they disseminate instructions and resources to the participants, to keep the 'show' running despite the unpredictable virtual climate

Results

Even though there was a drop in evaluation ratings as compared to the F2F runs conducted in FY19, overall, the FY20 CMLP online runs still achieved an average evaluation rating of above 4.0 out of 5.0.

CMLP FY19 vs FY20 evaluations



An analysis of the qualitative evaluation feedback showed that the main reason for the lower ratings was the preference for F2F training. While participants expressed the inevitable downsides of online training, such as sitting down for long durations and the lack of F2F networking opportunities, the feedback also affirmed that the measures implemented to mitigate the challenges of virtual training were efficacious. In addition, some participants shared that they had a good experience attending the programmes online, and most agreed that the content was valuable.

Therefore, despite the slight decrease in evaluation ratings as compared to FY19, the evaluation feedback from participants shows that the online classes are just as effective in achieving the learning objectives of the programme, with the online classes managing to achieve an average evaluation rating of above 4.0 out of 5.0.

Conclusion

With the measures put in place to alleviate the challenges of virtual training, the conversion of SingHealth CMLP programmes from F2F to online modality was well-received by participants and maintain effectiveness as evident from the positive feedback received.