

**ACUTE CARE SURGERY FELLOWSHIP ATTACHMENT
PROGRAMME IN SGH**

Components	Information
1. Division/ Department	Surgery & Surgical Oncology/ General Surgery
2. Title of Programme	Clinical Fellowship Training in Acute Care Surgery (6 - 12 months max)
3. Relevant Registrations	<ul style="list-style-type: none"> • Temporary Registration with Singapore Medical Council (SMC) • Training employment pass application with Ministry of Manpower, Singapore (MOM) (upon successful Temporary Registration with Singapore Medical Council)
4. Overview 4.1 Background information	The clinical fellowship program is targeted for foreign doctors who seek exposure to a tertiary centre specialising in Acute care surgery which includes trauma, emergency general surgery and critical care. It also involves exposure to MIS elective surgery and surgical endoscopy. The program provides a structure where the aims including clinical, operative exposure, research are outlined.
4.2 Goal/ aim(s)	To achieve competency in the surgical management of patients with Trauma and Emergency General Surgical disorders.
4.3 Duration	6-12 months
4.4 Hyperlinks/URL Sites	https://www.sgh.com.sg/patient-care/specialties-services/General-Surgery
5. Target Audience	-
5.1 Pre-requisite /eligibility requirement(s)	<p>General requirements for Temporary Registration for training (required by SMC):</p> <ul style="list-style-type: none"> • A basic medical degree from an accredited medical university or medical school • Passed the relevant national licensing examination in the country of conferment of basic degree, where applicable • Evidence of at least 12 months houseman-ship / internship with a certificate of satisfactory completion of houseman-ship or equivalent • Been registered as a medical practitioner in the country where he is currently practising • Been certified to be of good standing by the Medical Council or the relevant national authority <p>Note: The doctor should be in active clinical practice (and been registered as a medical practitioner in the countries of practice) for the 3 years preceding the application for medical registration in Singapore.</p> <p>In addition to the above criteria, Clinical Fellow must:</p> <ol style="list-style-type: none"> a) Have a minimum of 3 years working experience as a medical officer (or equivalent) b) Fulfil English Language requirements of SMC if the medium of instruction for the basic medical qualification is <u>not</u> in English c) Preferably have obtained a postgraduate diploma or medical degree in his country or overseas d) Be sponsored by (i) the government, or (ii) regional health authority or (iii) an appropriate institution in the home country. For (d)(iii), the doctor must be on

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	<p>current full-time employment (40 hours or more per week) with the sponsoring institution.</p> <p>As a Clinical Fellow, the doctor will be allowed to be involved in patient care and make entries in patients' case note, communicate care plans to patients and fellow healthcare professionals, and perform procedures under <u>direct</u> supervision or Level 1 supervision under SMC's Supervisory Framework.</p> <p>Department's requirement, if any (only for Clinical Fellow in this subspecialty):</p> <ul style="list-style-type: none"> • Laparoscopic experience (Basic and Advanced Laparoscopy) • Endoscopic experience
<p>6. Learning Objectives</p>	<p>This fellowship would allow the Clinical Fellow to acquire:</p> <ul style="list-style-type: none"> • management of Acute Care surgical patients; • emphasized Perioperative and Operative skill; and • opportunity to perform research and present at local and international meetings.
<p>7. Course/Training Syllabus</p>	<ul style="list-style-type: none"> - Basic Science principles e.g. metabolism, inflammatory reaction, wound healing - General Surgery principles e.g. asepsis, antibiotics usage - Basics of primary & secondary surveys – ATLS principles - Common presenting signs & symptoms, evaluation, and management of the following: <ul style="list-style-type: none"> - Blunt and penetrating injury - Head trauma (skull fractures, intra-cranial haemorrhage) - Neck trauma evaluation pertaining to zones, including indications for exploration, airway protection strategies - Thoracic trauma (rib fractures, pneumothorax, haemothorax, flail chest, pulmonary contusion, aortic trauma, pericardial tamponade, indications for emergent thoracotomy) - Spine fractures and immobilization strategies - Abdominal trauma and evaluation - Splenic and hepatic trauma - Hollow viscus injury - Pancreatico-duodenal injury - Retroperitoneal / Great vessel injury - Urological trauma - General principles of orthopedic and neurosurgical acute management strategies for: <ul style="list-style-type: none"> - Pelvic fractures - Long bone fractures - Critical Care Management - Ventilatory management - Haemodynamic monitoring and support - Haemorrhagic, hypovolemic, and neurogenic shock - Brain death determination - Transfusion medicine (component alternatives, cross-matching strategies, side effects, evaluation of suspected reactions) - ATLS protocols - Surgical anatomy of the neck, chest, abdomen, extremities - Acute Gastric Haemorrhage

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	<ul style="list-style-type: none"> - Acute Peptic ulcer perforation - Peptic ulcer disease - Acute Pancreatitis and Complications: Abscess, pseudocyst, necrosis - Gallstone disease - Acute appendicitis - Acute HPB conditions (biliary colic, cholecystitis, cholangitis) - Small and large bowel obstruction - Surgical Nutrition - Abdominal hernia/Incisional hernia - Inguinal and Femoral hernia 																		
8. Training Method	<p>Method of Supervision: Direct observation and feedback. Clinical Fellow will be supervised by an assigned supervisor at all times.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="3" style="text-align: left; padding: 5px;">TRAINING ACTIVITIES & METHODOLOGY</th> </tr> <tr style="background-color: #cccccc;"> <th style="width: 40%; padding: 5px;">Name of activity</th> <th style="width: 30%; padding: 5px;">Frequency / No. of sessions / Length of session</th> <th style="width: 30%; padding: 5px;">Teaching methodology</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Department M&M</td> <td style="padding: 5px;">Department M&M monthly (1hr)</td> <td style="padding: 5px;">Conference, case presentation, literature review</td> </tr> <tr> <td style="padding: 5px;">Journal Club</td> <td style="padding: 5px;">Monthly (1hr)</td> <td style="padding: 5px;">Presentation, Journal critique, Evidence-based medicine</td> </tr> <tr> <td style="padding: 5px;">Trauma MDT meeting</td> <td style="padding: 5px;">Weekly (1hr)</td> <td style="padding: 5px;">Conference</td> </tr> <tr> <td style="padding: 5px;">Radiology conference</td> <td style="padding: 5px;">Monthly (1hr)</td> <td style="padding: 5px;">Case presentation</td> </tr> </tbody> </table>	TRAINING ACTIVITIES & METHODOLOGY			Name of activity	Frequency / No. of sessions / Length of session	Teaching methodology	Department M&M	Department M&M monthly (1hr)	Conference, case presentation, literature review	Journal Club	Monthly (1hr)	Presentation, Journal critique, Evidence-based medicine	Trauma MDT meeting	Weekly (1hr)	Conference	Radiology conference	Monthly (1hr)	Case presentation
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8.1 Night Duties Requirement	Yes (1 call per week)																		

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8.2 On-call Duties Requirement	Yes, on-call GS work at senior registrar-level (1 call per week)
8.3 Running of Clinics Requirement	Yes (1 clinic per week)
9. Assessment and Evaluation	<p>Clinical Fellow will need to demonstrate their proficiency level based on the following competencies:</p> <p>1) Patient Care Demonstrate appropriate care at clinic, inpatient, operation theatre, endoscopy centre with safety and well-being of the patient as priority.</p> <p>2) Medical Knowledge Demonstrate appropriate level of knowledge in the specialty.</p> <p>3) Practice-Based Learning and Improvement Through observation, assisting, and performing certain tasks and completion of tasks under direct supervision. Feedback after procedures.</p> <p>4) Interpersonal and Communication Skills Able to communicate to patients and colleagues conditions pertaining to the specialty, informed consent of procedures.</p> <p>5) Professionalism Demonstrate collegiality, discussion of issues pertaining to patient management and surgical techniques.</p> <p>6) Systems-Based Practice Demonstrate the working protocols of the department with regard to ordering of investigations, planning for surgery, surgical time-outs and post-operative care.</p>
9.1 Assessment approaches	<p>Formative assessment:</p> <ul style="list-style-type: none"> Regular evaluation between Clinical Fellow and supervisor/HOD Reflective journal- logbook recordings of training activities Operation techniques and practical evaluation Frequency: 3 monthly (quarterly) <p>Summative assessment: Periodical assessment reports as required by Singapore Medical Council</p> <p>Feedback:</p> <ul style="list-style-type: none"> End-of-training feedback form as required by Singapore Medical Council End-of-training feedback session with SGH-PGMI
9.2 Evaluation Process 9.2.1 General overall grading system	The general overall grading system evaluates the Clinical Fellow's performance upon completion of the fellowship programme. All Clinical Fellow will be given a general overall grading status at the end of the fellowship programme based on the grading

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	<p>criteria requirements incorporating the six competencies based knowledge, skills and performance that Clinical Fellow must demonstrate throughout the programme.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">Grading Status</th> <th style="background-color: #4F81BD; color: white;">Description</th> <th style="background-color: #4F81BD; color: white;">Grading Criteria Requirements</th> </tr> </thead> <tbody> <tr> <td>CMP</td> <td>Completes the programme</td> <td> <ul style="list-style-type: none"> • Scores above 6/10 for all </td> </tr> <tr> <td>USP</td> <td>Unsatisfactory performance</td> <td> <ul style="list-style-type: none"> • 3 categories of below 4/10 </td> </tr> <tr> <td>DCP</td> <td>Did not complete the programme</td> <td> <ul style="list-style-type: none"> • Below 4/10 for all </td> </tr> <tr> <td>WDN</td> <td>Withdrawn from the programme</td> <td> <ul style="list-style-type: none"> • N.A. </td> </tr> </tbody> </table>	Grading Status	Description	Grading Criteria Requirements	CMP	Completes the programme	<ul style="list-style-type: none"> • Scores above 6/10 for all 	USP	Unsatisfactory performance	<ul style="list-style-type: none"> • 3 categories of below 4/10 	DCP	Did not complete the programme	<ul style="list-style-type: none"> • Below 4/10 for all 	WDN	Withdrawn from the programme	<ul style="list-style-type: none"> • N.A.
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9.2.2 Options for Clinical Fellow who was graded with a (USP) for unsatisfactory performance	Apply for an alternative Fellowship in the future.															
9.3 Criteria for Early Termination	<p>The attachment programme will be terminated early on the ground of the Clinical Fellow's poor performance, misdemeanour, misconduct, negligence or breach of any terms stipulated or referred to in the Fellowship Letter of Offer and Institution Terms and Conditions.</p> <p>The Clinical Fellow may also request to terminate the attachment programme for reasons such as serious illness or other personal obligations.</p> <p>The institution will review all requests for early termination with the Clinical Fellow and the Supervisor / Head of Department.</p>															
10. Course Administration	<p>Type of Certification: Certificate of Training</p> <p>Training Fee: S\$3,000 (before prevailing GST) per month</p> <p>Programme Funding source: Self-funded</p>															
11. Number of Clinical Fellow to be accepted at any one time	2															