



PERIOPERATIVE MEDICINE FELLOWSHIP ATTACHMENT PROGRAMME IN SGH

Components	Information		
1. Division/ Department	Anaesthesiology & Perioperative Medicine/ Perioperative Medicine		
2. Title of Programme	Clinical Fellowship in Perioperative Medicine (6 - 12 months max)		
3. Relevant Registrations	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 Department of Anaesthesiology in Singapore General Hospital is offering you 6-12 months Clinical Fellowship in Perioperative Medicine program to gain exposure through hands-on experience in the preoperative clinic and perioperative care in mudisciplinary surgeries under supervision. We have a wide variety of surgid disciplines which you can choose to be exposed to, including:		
	 Head and neck Surgical oncology Hepatobiliary and upper gastrointestinal Urology Vascular Kidney and Liver transplant Reconstructive plastic surgery and burns Obstetrics and gynaecology Bariatric surgery Minimally invasive and Robotic surgery General Surgery Orthopaedics Otorhinolaryngology Remote anaesthesia in angiography, endoscopy and radiology suites 		
4.2 Goal/ aim(s)	The overall aim of the fellowship programme is to produce independent a competent anaesthesiologists with the experience, skills and evidence-bas knowledge in perioperative medicine. The programme will expose fellows to t principles of perioperative services management, innovation, development of clinic pathways, as well as value-based care. The fellowship will aim to provide a w rounded educational experience so that you may be better equipped to become future leaders in perioperative medicine. The Fellowship is a 6 to 12 months, full-time experience consisting of four materials.		
	components: Pre-admission clinic and operating theatre, administrative / inpatient services and education/projects. We will also tailor the programme towards individual needs and background of each fellow.		
4.3 Duration	6-12 months		
	The difference between the 6-month and 12-month fellowship programs lies primarily in the duration and depth of exposure. While both programs offer fellows the opportunity to engage with a wide range of subspecialties within perioperative		

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	medicine, the 12-month program allows for a more prolonged and immersive experience.		
4.4 Hyperlinks/URL Sites	https://www.sgh.com.sg/patient-care/specialties-services/Anaesthesiology		
5. Target Audience	An adaptable anaesthesiologist keen on a multidisciplinary learning journey in a high-volume tertiary referral hospital, with strong interest in perioperative medicine.		
5.1 Pre-requisite /eligibility requirement(s)	https://www.sgh.com.sg/patient-care/specialties-services/Anaesthesiology An adaptable anaesthesiologist keen on a multidisciplinary learning journey in a		

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6.	Learning Objectives	This fellowship would allow the Clinical Fellow to acquire:		
		 Evidence-based knowledge in perioperative medicine Considerations in the setup of preoperative assessment clinic and workflows Understand common perioperative topics such as prehabilitation, sarcopenia/frailty, anaemia and patient blood management, nutrition etc Perioperative management of multispecialty anaesthesia including regional blocks and acute pain management Competence in management of immediate anaesthesia-related postoperative complications Management of high-risk patients in the perioperative period Research opportunities 		
7.	Course/Training Syllabus	Clinical Fellows are expected to be fully immersed in the clinical responsibilities of an anaesthesiologist working in the department, with focus on perioperative medicine, including reviewing / optimising high-risk surgical patients in the Pre Admission Centre (PAC), involvement in multidisciplinary team discussions, intraoperative management of high-risk surgical patients, and post-operative care.		
		The Department of Anaesthesiology and Perioperative Medicine operates on a 5-day work week. The Fellow is expected to work two days a week (0.4 FTE) in the PAC. The other 0.4 (FTE) (2 days/ week) will be spent on alternating rotations such as in the operating theatres (OT), doing inpatient rounds with the early review and outreach (HERO) team, and the remaining 0.2 FTE (1 day/week) may be reserved for administrative/research projects. There is flexibility to fit your training requirements and interests around perioperative medicine.		
		Clinical Fellows may be rostered to paid stay-in OT calls after the initial 3 months if/when they are assessed to be competent in this duty, with an assigned supervisor. The on-call duty usually starts at 4pm (or 830am, depending on rostering), and ends at 0830hrs the following day after the handover round, and the day off.		
		The department holds morning teaching sessions 3-4 times a week and Clinical Fellows are expected to attend, via Teams/Zoom. The Clinical Fellows should be actively involved in perioperative teaching sessions during the attachment. If interested, there are also research opportunities that can be explored.		
8.	Training Method	Method of Supervision: Direct observation and feedback. Clinical Fellow will be supervised by an assigned supervisor at all times.		
		TRAINING ACTIVITIES & METHODOLOGY		
		Name of activity Frequency / No. of sessions / Length of session	Teaching methodology	

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	First month orientation	Daily 1-hour session for the first 4 weeks	Demonstration in OT and Pre-Admission Clinic (tagged with senior colleague) E-learning on SingHealth E-
	Daily work in either preoperative evaluation clinic, operating theares, post-anaesthetic care unit, inpatient high-risk reviews i.e. Hospital early review and outreach (HERO) team	Daily, 8 hours or longer if situation/operation lists dictate	learning portal Direct/Indirect supervision (tagged with senior colleague) Case discussion
	CME and peer-review learning sessions	Weekly 3-5 hours	Virtual / Didactic sessions Peer Discussion Resource-based learning
8.1 Night Duties Requirement	Clinical Fellows will not be do	oing any night duties.	
8.2 On-call Duties Requirement	Clinical Fellows will not be doing any stay-in/ on-calls.		
8.3 Running of Clinics Requirement	Clinical Fellows will be rostered to Pre Admission Clinic (PAC) an average of 2-3 days a week for reviewing, optimising and counselling elective surgical patients before surgery, with emphasis on multidisciplinary team discussions, including interactions with physiotherapists, dieticians, internal medicine specialists, nurses, surgeons and anaesthesiologists. Our PAC operates 830am-530pm, with an average patient load of 110 patients daily. There will be opportunities to review high-risk inpatients from referrals to the perioperative team as well.		
9. Assessment and Evaluation	Clinical Fellows will need to demonstrate their proficiency level based on the following competencies:		
	 1) Patient Care in Operating Theatre Formulates appropriate anaesthetic care plans for patient and discuss these plans appropriately with supervisors Conducts anaesthesia (pre-anaesthetic equipment and machine check, appropriate monitoring, anaesthesia, postoperative disposition). Manages perianaesthetic complications 		

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	Preoperative Assessment Assesses and optimises control, complications of background medical conditions preoperatively Interprets investigations to aid in anaesthesia planning Preoperative counselling of patient-specific risks for surgery Multidisciplinary communication and shared decision making in patient and systemic contexts Medical Knowledge Medical Know	
	Knowledge of physiology, anatomy, pharmacology, pathophysiology, general medicine and surgical procedure and application of this knowledge in the conduct of anaesthetic management of patients Knowledge of core perioperative medicine topics such as anaemia, malnutrition,	
	sarcopenia, frailty, prehabilitation, enhanced recovery after surgery.	
	Practice-Based Learning and Improvement Demonstrates self-directed learning Seeks guidance from supervisor appropriately	
	Interpersonal and Communication Skills Communicates effectively with other healthcare professionals Demonstrates collegiality with colleagues in the ward, clinic and operating theatre Maintains clear and concise documentation	
	Professionalism Accepts responsibilities and follow through on assigned tasks Shows compassion and is respectful of patient's needs Safeguards patients' health information Knows own limits and consults appropriately Works well with other healthcare professionals Copes well with stressful clinical situations	
	7) Systems-Based Practice Demonstrates patient safety principles and infection control practices	
9.1 Assessment approaches	Formative assessment: Regular evaluation between Fellow and Supervisor / Head of Department Reflective journal - logbook recordings of training activities Regular attendance at CME sessions (minimum 2 peer-reviewed learning sessions every 3 months)	
	Summative assessment: Periodical assessment reports as required by Singapore Medical Council Feedback:	
	End-of-training feedback form as required by Singapore Medical Council	

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	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 criteria requirements incorporating the six competencies based knowledge, skills and performance that Clinical Fellow must demonstrate throughout the programme.		
	Grading Status	Description	Grading Criteria Requirements
	СМР	Completes the programme	Satisfactory performance in all 6 competencies
	USP	Unsatisfactory performance	Unsatisfactory performance in more than 1 competency
	DCP	Did not complete the programme	Early termination
	WDN	Withdrawn from the programme	Did not join the program
9.2.2 Options for Clinical Fellow who was graded with a (USP) for unsatisfactory performance	Regular feedback to fellows to avoid such situations. Option for fellowship extension if mutually agreeable after discussion with supervisor, program director, HOD Anaesthesiology and PGMI		
9.3 Criteria for Early Termination The attachment programme will be terminated early on the ground of the Fellow's poor performance, misdemeanour, misconduct, negligence or bread terms stipulated or referred to in the Fellowship Letter of Offer and Institution and Conditions.		isconduct, negligence or breach of any	
	The Clinical Fellow may also request to terminate the attachment programme reasons such as serious illness or other personal obligations.		
The institution will review all requests for early the Supervisor / Head of Department.		termination with the Clinical Fellow and	
10. Course Administration	Type of Certific	cation: Certificate of Training	
	Training Fee: N	N.A.	
	Programme Funding source: Self-funded		

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11. Number of Clinical Fellow to be accepted at any one time	3

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