



# PULMONARY MEDICINE FELLOWSHIP ATTACHMENT PROGRAMME IN SGH

| Components                                    | Information  |
|---|--|
| 1. Division/ Department                       | Medicine/ Respiratory & Critical Care Medicine   |
| 2. Title of Programme                         | Fellowship Training in Pulmonary Medicine  |
| 3. Relevant Registrations                     | <ul> <li>Temporary Registration with Singapore Medical Council (SMC)</li> <li>Training employment pass application with Ministry of Manpower, Singapore (MOM)         <ul> <li>(upon successful Temporary Registration with Singapore Medical Council)</li> </ul> </li> </ul>  |
| 4. Overview 4.1 Background information        | Exposure to advanced diagnostic and therapeutic thoracic endoscopy through pulmonary fellowship  |
| 4.2 Goal/ aim(s)                              | The programme will provide the Clinical Fellow an opportunity to acquire knowledge of and have experience with a broad spectrum of pulmonary diseases and exposure to advanced diagnostic and therapeutic thoracic endoscopy.  |
| 4.3 Duration                                  | 12 months  |
| 5. Target Audience                            | Post Fellowship  |
| 5.1 Pre-requisite /eligibility requirement(s) | <ul> <li>General requirements for Temporary Registration for training (required by SMC):</li> <li>A basic medical degree from an accredited medical university or medical school</li> <li>Passed the relevant national licensing examination in the country of conferment of basic degree, where applicable</li> <li>Evidence of at least 12 months houseman-ship / internship with a certificate of satisfactory completion of houseman-ship or equivalent</li> <li>Been registered as a medical practitioner in the country where he is currently practising</li> <li>Been certified to be of good standing by the Medical Council or the relevant national authority</li> <li>Note: the doctor should be in active clinical practice for the 3 years preceding the application for medical registration.</li> <li>In addition to the above criteria, Clinical Fellow must: <ul> <li>a) Have a minimum of 3 years of relevant working experience as a medical officer (or equivalent)</li> <li>b) Fulfil English Language requirements of SMC if the medium of instruction for the basic medical qualification is not in English</li> <li>c) Preferably have obtained a postgraduate diploma or degree in his country or overseas</li> <li>d) 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 direct supervision or Level 1 supervision</li> </ul> </li> </ul> |

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|                                | <ul> <li>Department's requirement, if any (only for Clinical Fellow in this subspecialty):</li> <li>Postgraduate medical qualification e.g. MMed, MRCP or equivalent.</li> <li>Minimum 2 years of postgraduate training experience in relevant specialty. (after obtaining the postgraduate medical qualification)</li> <li>Current position at least Registrar, Senior Resident or equivalent (AST level).</li> <li>Proven competency in English Language.</li> </ul> |  |  |
| 6. Learning Objectives         | This fellowship would allow the Clinical Fellow to acquire: Training in pulmonary medicine and exposure to advanced diagnostic and therapeutic thoracic endoscopy.  The programme will provide the Clinical Fellow an opportunity to acquire knowledge   |  |  |
|                                | of and have experience with a broad spectrum of pulmonary diseases, including, but not limited to, the following:  Obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis  Pulmonary malignancy  |  |  |
|                                | <ul> <li>Pulmonary infections, including tuberculosis, fungal and those in the immunocompromised host</li> <li>Diffuse interstitial lung disease</li> <li>Pulmonary vascular disease</li> </ul>  |  |  |
|                                | <ul> <li>Occupational and environmental lung diseases</li> <li>latrogenic respiratory diseases</li> <li>Acute lung injury</li> <li>Pulmonary manifestations of systemic diseases</li> <li>Respiratory failure including the adult respiratory distress syndrome, acute</li> </ul>  |  |  |
|                                | and chronic respiratory failure in obstructive lung diseases and neuromuscular respiratory drive disorders  Disorders of the pleura and the mediastinum  Sleep disorders   |  |  |
| 7. Course/Training<br>Syllabus | Pulmonary Exposure  Obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis  Pulmonary malignancy  Pulmonary infections, including tuberculosis, fungal and those in the  |  |  |
|                                | <ul> <li>immunocompromised host</li> <li>Diffuse interstitial lung disease</li> <li>Pulmonary vascular disease</li> <li>Occupational and environmental lung diseases</li> <li>latrogenic respiratory diseases</li> </ul>   |  |  |
|                                | <ul> <li>Acute lung injury</li> <li>Pulmonary manifestations of systemic diseases</li> <li>Respiratory failure</li> <li>Disorders of the pleura and the mediastinum</li> </ul>   |  |  |
|                                | Clinical Fellows will perform or assist in the following procedures under supervision: Diagnostic and therapeutic procedures, including  Thoracentesis Pleural biopsy  |  |  |

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|--------------------|---|---|---|
|                    | <ul> <li>Flexible fiberoptic brown</li> <li>Endobronchial Ultras</li> <li>Medical thoracoscop</li> <li>Pulmonary Function</li> <li>(Selected Clinical Fellow will or her)</li> </ul>  | sound<br>y<br>testing                           | ds on cases managed by him  |
| 8. Training Method | Method of Supervision:  |   |   |
|                    | Direct observation and feedback.  Clinical Fellow(s) will only practice in Department of Respiratory and Critical care, SGH only and will be supervised by a SMC-approved supervisor from Department of Respiratory and Critical Care, SGH only at all times  |   |   |
|                    | Observed Only: Clinical Fellows will have opportunities to observe the following procedures: Rigid Bronchoscopy Laser Ablation Bronchial Thermoplasty Airway Stenting Cryobiopsy  Hands-On Experience: Clinical Fellows will assist in the following procedures under supervision: Diagnostic and therapeutic procedures, including Thoracentesis Pleural biopsy Flexible fiberoptic bronchoscopy Endobronchial ultrasound Medical thoracoscopy Pulmonary Function testing  TRAINING ACTIVITIES & METHODOLOGY |   |   |
|                    |   |   |   |
|                    | Name of activity  | Frequency / No. of sessions / Length of session | Teaching methodology  |
|                    | Ward Rounds   | Daily (2-4 hours)                               | Experiential though patient care  Patient care and direct observation be supervisor |
|                    | Endoscopy   | Daily (1-2 hours)                               | Supervised hands on practice  |

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|------------------------------|--|--------------------------------|---|
|                              | Lectures   | Daily (1 hour)                 | Didactic  |
|                              | Inpatient consultations  | Twice weekly (4 hours each)    | Patient care and direct observation be supervisor |
|                              | Department meetings<br>CME   | 3-4 times a week (1 hour each) | Didactic  |
|                              | Outpatient clinics   | Once weekly (4 hours each)     | Patient care and direct observation be supervisor |
| 9. Assessment and Evaluation | Clinical Fellow will need to demonstrate their proficiency level based on the following competencies:  1) Patient Care Inpatient and ambulatory evaluation of patients and development of management plan.  2) Medical Knowledge Pulmonary physiology, International Pulmonary guidelines.  3) Practice-Based Learning and Improvement Presentations during rounds and to department.  4) Interpersonal and Communication Skills Inter professional team-based communication and updating patients/NOK.  5) Professionalism Compliance with SMC ethical guidelines.  6) Systems-Based Practice |                                |   |
| 9.1 Assessment approaches    | Transition of care between disciplines and into community.  Formative assessment:  Regular evaluation between Clinical Fellow and Supervisor / Head of Department  Reflective journal- logbook recordings of training activities   |                                |   |

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| Components  | Information   |  |   |
|---|---|--|---|
|   | Passing percentage: >80% completion   |  |   |
|   | <ul> <li>Summative assessment:         <ul> <li>Periodical assessment reports as required by Singapore Medical Council</li> <li>Subspecialty Assessment with passing percentage – 80% completion (Informal assessment)</li> </ul> </li> <li>Feedback:         <ul> <li>End-of-training feedback form as required by Singapore Medical Council</li> <li>End-of-training feedback session with SGH-PGMI with indication of &gt;50% of training objectives met indicated in the logbook</li> </ul> </li> </ul>   |  |   |
| 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<br>Status   | Description                                      | Grading Criteria<br>Requirements  |
|   | СМР   | Completes the programme                          | All criteria met  |
|   | USP   | Unsatisfactory performance                       | Any criteria not met  |
|   | DCP   | Did not complete the programme                   | <ul> <li>Ends fellowship before 80% of<br/>thestipulated duration is<br/>completed</li> </ul> |
|   | WDN   | Withdrawn from the programme                     | Ends fellowship within 1 month of the commencement  |
| 9.3 Criteria for Early<br>Termination                       | 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.  The Clinical Fellow may also request to terminate the attachment programme for reasons such as serious illness or other personal obligations.  The institution will review all requests for early termination with the Clinical Fellow and the Supervisor / Head of Department. |  |   |
| 10. Course Administration                                   |   | ation: Certificate of Training \$3,210 per month |   |

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| Components   | Information                           |
|--|---------------------------------------|
|  | Programme Funding source: Self-funded |
| 11. Number of Clinical Fellow to be accepted at any one time | 2                                     |

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