

**GASTROENTEROLOGY & HEPATOLOGY FELLOWSHIP
ATTACHMENT PROGRAMME IN SGH**

Components	Information
1. Division/ Department	Medicine/ Department of Gastroenterology & Hepatology
2. Title of Programme	Fellowship Training in Gastroenterology and Hepatology
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) <p>(upon successful Temporary Registration with Singapore Medical Council)</p>
4. Overview 4.1 Background information	The SGH Department of Gastroenterology and Hepatology is a full-featured department with expertise in basic and advanced care for patients in all areas of Gastroenterology and Hepatology. We have dedicated advanced endoscopy, inflammatory bowel disease, motility, advanced liver disease and adult liver transplantation services with high patient loads. We wish to avail our clinical materials and teaching to Clinical Fellows in our region and internationally. We also have specific subspecialty fellowship programmes and can consider bespoke attachment and training programmes for Clinical Fellow in accordance with their requests as well.
4.2 Goal/ aim(s)	<p>The attachment programme allows Clinical Fellows to gain exposure/experience in:</p> <ol style="list-style-type: none"> 1. Management of patients with Gastroenterology and Hepatology conditions. 2. Diagnostic and therapeutic endoscopy 3. Performing, interpreting and clinically applying gastrointestinal motility procedures 4. Management of advanced liver conditions 5. Adult liver transplantation (deceased and living donor)* 6. Advanced endoscopy*, eg. ERCP, EUS <p>*Separate fellowship programs are available for liver transplantation and advanced endoscopy</p>
4.3 Duration	3 – 12 months
5. Target Audience	Clinical Fellows who know what they want to learn and gain experience in, proportionate to the duration of the fellowship.
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 for the 3 years preceding the application for medical registration.</p>

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	<p>In addition to the above criteria, Clinical Fellow must:</p> <ol style="list-style-type: none"> a) Have a minimum of 3 years of relevant 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 not in English c) Preferably have obtained a postgraduate diploma or degree in his country or overseas 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 <u>direct</u> supervision or Level 1 supervision
<p>6. Learning Objectives</p>	<p>According to specific training needs, learning outcomes include:</p> <ol style="list-style-type: none"> 1) Performing, interpreting and clinical application of gastrointestinal motility procedures including: <ol style="list-style-type: none"> a. High-resolution esophageal manometry b. Esophageal pH and impedance tests c. Gastric emptying studies d. Wireless motility capsule motility e. Breath tests f. Food intolerance tests g. Anorectal manometry h. Anorectal ultrasound i. Proctography j. Biofeedback. 2) Managing patients with gastrointestinal motility disorders which include: <ol style="list-style-type: none"> a. Achalasia and other oesophageal motility disorders b. GERD c. Gastroparesis d. Functional dyspepsia e. Small bowel bacterial overgrowth f. Chronic intestinal pseudoobstruction g. IBS 3) Observe and assist in endoscopic procedures 4) Assessing and managing patients with inflammatory bowel disease 5) Assessing and managing all stages of liver diseases including advanced cirrhosis and portal hypertension 6) Assessing and managing a liver transplant patient throughout the whole journey (identify transplant candidates, pre-transplant work up, immediate and long term post-transplant care)
<p>7. Course/Training Syllabus</p>	<p>Content areas are as described above.</p> <p>Training/attachment would encompass:</p> <ol style="list-style-type: none"> 1) Weekly lectures, multidisciplinary meetings and case discussions 2) Weekly subspecialty clinics 3) Monthly department research meetings 4) Regular meetings with assigned supervisor

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8. Training Method	<p>Method of Supervision: Direct observation and feedback. Clinical Fellow will only practice in Department of Gastroenterology and Hepatology, SGH only and will be supervised by a SMC-approved supervisor from Department of Gastroenterology and Hepatology, SGH only at all times.</p> <p>Observed Only: Clinical Fellows will have opportunities to observe the following procedures:</p> <ol style="list-style-type: none"> 1) Interventional Endoscopy <ul style="list-style-type: none"> - ERCP - EUS - Double/single-balloon endoscopy <p>Note: Hands on for interventional endoscopy procedures are now under a separate dedicated advanced endoscopy fellowship by our Dept.</p> <p>Hands-On Experience: Clinical Fellows will assist in the following procedures under supervision:</p> <ol style="list-style-type: none"> 1) General gastroenterology :- <ul style="list-style-type: none"> - Gastroscopy - Colonoscopy 2) Neurogastroenterology and motility <ol style="list-style-type: none"> a. High-resolution esophageal manometry b. Esophageal pH and impedance tests c. Wireless motility capsule motility d. Breath tests e. Food intolerance tests f. Anorectal manometry g. Anorectal ultrasound h. Biofeedback. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th colspan="3" style="background-color: #cccccc;">TRAINING ACTIVITIES & METHODOLOGY</th> </tr> <tr> <th style="background-color: #cccccc;">Name of activity</th> <th style="background-color: #cccccc;">Frequency / No. of sessions / Length of session</th> <th style="background-color: #cccccc;">Teaching methodology</th> </tr> </thead> <tbody> <tr> <td>Liver multidisciplinary tumour board</td> <td>Weekly, 1 hour</td> <td>Case presentation and discussion</td> </tr> <tr> <td>Pancreatobiliary multidisciplinary tumour board</td> <td>Weekly, 1.5 hour</td> <td>Case presentation and discussion</td> </tr> </tbody> </table>	TRAINING ACTIVITIES & METHODOLOGY			Name of activity	Frequency / No. of sessions / Length of session	Teaching methodology	Liver multidisciplinary tumour board	Weekly, 1 hour	Case presentation and discussion	Pancreatobiliary multidisciplinary tumour board	Weekly, 1.5 hour	Case presentation and discussion
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	Multidisciplinary IBD case discussion	Weekly, 1.5 hour	Case presentation and discussion
	Liver transplant multidisciplinary conference	Weekly, 2 hours	Case presentation and discussion
	Senior residents teaching conference	Weekly, 1 hour	Journal reviews, Entrusted Professional Activity-based presented
	Senior residents didactic teaching session	Fortnightly, 1.5 hours	Lecture, case-based discussions
	Endoscopy forum	Fortnightly, 30 mins	Interactive case discussion
	Histology conference	Monthly, 1.5 hours	Case presentation and discussion
	Research meeting	Monthly, 1.5 hours	Presentation of research work, guest speakers
	Liver case discussion and teaching	Monthly, 1.5 hours	Case presentation and discussion

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	Various subspecialty clinics e.g. cirrhosis, liver transplant, fatty liver, hepatitis, pancreas	At least once weekly, 2-4 hours	Case presentation and discussion
9. Assessment and Evaluation	<p>Clinical Fellow will need to demonstrate their proficiency level based on the following competencies:</p> <p>1) Patient Care Able to independently assess and manage patients with none or minimal supervision</p> <p>2) Medical Knowledge Shows level of medical knowledge commensurate with the level of fellowship. Shows evidence of knowledge of current literature.</p> <p>3) Practice-Based Learning and Improvement Shows a self-driven desire to read up about patients and conditions that they have seen.</p> <p>4) Interpersonal and Communication Skills Able to function well within the team, is collegial and non-adversarial. Able to communicate lucidly and appropriately with all colleagues, patients and patients' families.</p> <p>5) Professionalism Shows cognisance and practices good professional behaviours such as maintenance of medical confidentiality, mutual respect for other healthcare colleagues</p> <p>6) Systems-Based Practice Shows ability to harness and maximize utility of services available in order to optimize patient management.</p>		
9.1 Assessment approaches	<p>Formative assessment:</p> <ul style="list-style-type: none"> Regular evaluation between Clinical Fellow and Supervisor / Head of Department Reflective journal- logbook recordings of training activities <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 		

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9.2 Evaluation Process 9.2.1 General overall grading system	<p>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.</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 style="text-align: center;">CMP</td> <td>Completes the programme</td> <td> <ul style="list-style-type: none"> Meets all the requisites of assessment and evaluation as stated in item 9. </td> </tr> <tr> <td style="text-align: center;">USP</td> <td>Unsatisfactory performance</td> <td> <ul style="list-style-type: none"> Did not achieve all the requisites of item 9. </td> </tr> <tr> <td style="text-align: center;">DCP</td> <td>Did not complete the programme</td> <td> <ul style="list-style-type: none"> Clinical Fellow left at any time before the end of the planned training duration without submitting a request for formal withdrawal from the programme </td> </tr> <tr> <td style="text-align: center;">WDN</td> <td>Withdrawn from the programme</td> <td> <ul style="list-style-type: none"> Clinical Fellow did not report to start the programme or formally requests to withdraw from the programme </td> </tr> </tbody> </table>	Grading Status	Description	Grading Criteria Requirements	CMP	Completes the programme	<ul style="list-style-type: none"> Meets all the requisites of assessment and evaluation as stated in item 9. 	USP	Unsatisfactory performance	<ul style="list-style-type: none"> Did not achieve all the requisites of item 9. 	DCP	Did not complete the programme	<ul style="list-style-type: none"> Clinical Fellow left at any time before the end of the planned training duration without submitting a request for formal withdrawal from the programme 	WDN	Withdrawn from the programme	<ul style="list-style-type: none"> Clinical Fellow did not report to start the programme or formally requests to withdraw from the programme
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9.2.2 Options for Clinical Fellow who was graded with a (USP) for unsatisfactory performance	<p>As fellowship period is fixed and unlikely to be extendable as there may be other incoming Clinical Fellows. Clinical Fellows with USP will exit with an USP and a report to justify the assessment. The supervisor would have alerted the Clinical Fellow about the under performance during his/her regular meetings in the course of the fellowship. So, if the final assessment is still USP, it is justified.</p>															
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. 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\$3,210 per month</p> <p>Programme Funding source: Self-funded</p>															

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11. Number of Clinical Fellow to be accepted at any one time	4