

**INTENSIVE CARE MEDICINE
FELLOWSHIP ATTACHMENT PROGRAMME IN SGH**

Components	Information
1. Division/ Department	Anaesthesiology & Perioperative Medicine/ Surgical Intensive Care
2. Title of Programme	Clinical Fellowship in Intensive Care Medicine
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 4.2 Goal/ aim(s) 4.3 Duration 4.4 Hyperlinks/URL Sites	<p>Singapore General Hospital is the premier academic medical centre in Southeast Asia. The 6 adult intensive care medicine services provide intensivists led critical care and organ support modalities for the entire range of specialty care in the hospital.</p> <p>The Clinical Fellow in Intensive Care Medicine will rotate through the services under the supervision of the attending intensivist and be provided a holistic and immersive training experience in adult critical care medicine.</p> <p>This objective is to produce specialists who are able to provide the total management required by critically ill patients, through administering management modalities appropriate to the patient's problems and needs, deployment and coordination of the ICU health care team, engaging health care professionals of other disciplines, and the management and organization of the physical environment.</p> <p>12 months</p> <p>https://www.sgh.com.sg/patient-care/specialties-services/surgical-intensive-care</p>
5. Target Audience	Doctors with post-graduate degree in Anaesthesiology, Medicine or Intensive Care Medicine
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> <p>In addition to the above criteria, Clinical Fellows must:</p> <ol style="list-style-type: none"> a) Have a minimum of 3 years 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

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	<p>c) Preferably have obtained a postgraduate diploma or degree in his country or overseas</p> <p>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> <p>Department's requirement, if any (only for Fellows in this subspecialty): Post-graduate degree in Anaesthesiology, Medicine or Intensive Care Medicine</p>
<p>6. Learning Objectives</p>	<p>The fellow can expect to achieve the following:</p> <ol style="list-style-type: none"> 1. Acquire competencies in the prompt and effective management of urgent life threatening problems through systematic and prioritized approaches in problem identification, good grasp of the knowledge and concepts in pathophysiologies, developing practical skills in appropriate procedures and the prevailing recommended standards of management. 2. Acquire the knowledge and concepts, competency in skills and the use of equipment, systematic approach to problem identification, problem solving capabilities, attitudes towards the safe and effective management of the entire period of critical illness. 3. Acquire the knowledge, concepts and communicative skills to facilitate appropriate psychological, emotional and social management of the patients' relatives, including end-of-life issues. 4. Acquire the knowledge and skills in other aspects of medicine, surgery, paediatrics, obstetrics, anaesthesiology, radiology and other specialties which are relevant in the treatment of critically ill patients. 5. Be conversant with the principles of medical ethics, with special emphasis on its application in critical illness and end of life issues. 6. Develop the clinical managerial competence to be the ICU "specialist in-charged", able to provide, lead and coordinate the overall management for patients, and where necessary to coordinate a team of other consultants for this purpose. 7. Understand the organizational, administrative and managerial aspects of an ICU and how that would affect the prompt and effective delivery of care. Develop the ability to work within the limits of available resources and yet provide the best care for patients. 8. Be involved in research through participation in their design, implementation, data analysis and interpretation, and formal publication. 9. Participate in educational activities of fellow healthcare providers of various disciplines (students, medical, nursing, respiratory therapy, physiotherapy, pharmacy, etc)
<p>7. Course/Training Syllabus</p>	<p>1. Cardiovascular Physiology, Pathology, Pathophysiology, and Therapy</p> <ol style="list-style-type: none"> a. Shock (hypovolemic, neurogenic, septic, cardiogenic) and its complications b. Myocardial infarction and its complications c. Cardiac rhythm and conduction disturbances d. Indications for and types of pacemakers e. Pulmonary embolism-thrombus, air, fat, amniotic f. Pulmonary edema-cardiogenic, noncardiogenic g. Cardiac tamponade and other acute pericardial diseases

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	<ul style="list-style-type: none"> h. Acute and chronic life-threatening valvular disorders i. Acute aortic and peripheral vascular disorders, including arteriovenous fistulas j. Acute complications of cardiomyopathies and myocarditis k. Vasoactive and inotropic therapy l. Pulmonary hypertension and cor pulmonale m. Complications of angioplasty n. Principles of oxygen transport and utilization o. Hemodynamic effects caused by ventilatory assist devices p. Thrombolytic and anticoagulant therapy q. Perioperative management of patient undergoing cardiovascular surgery r. Recognition, evaluation, and management of hypertensive emergencies and urgencies s. Congenital heart disease and the physiologic alterations with surgical repair t. Noninvasive methods of cardiac output assessment (i.e., aortic Doppler, indicator dilution techniques, etc) <p>2. Respiratory Physiology, Pathology, Pathophysiology, and Therapy</p> <ul style="list-style-type: none"> a. Acute respiratory failure including acute respiratory distress syndrome and acute capnic failure b. Status asthmaticus c. Smoke inhalation, airway burns d. Aspiration e. Chest trauma (e.g., flail chest, pulmonary contusion, rib fractures) f. Bronchopulmonary infections including bronchiolitis g. Upper airway obstruction g. Near drowning h. Bronchopleural fistulas i. Pulmonary mechanics and gas exchange j. Oxygen therapy k. Hyperbaric oxygenation l. Mechanical ventilation <ul style="list-style-type: none"> i. Pressure and volume modes of mechanical ventilators, as well as advanced modes ii. Indications for and hazards of mechanical ventilation iii. Barotrauma and volutrauma iv. Criteria for extubation and weaning techniques v. Extracorporeal membrane oxygenation vi. Permissive hypercapnia vii. High-frequency oscillatory ventilation m. Airway maintenance <ul style="list-style-type: none"> i. Emergency airway management ii. Endotracheal intubation iii. Tracheostomy, open and percutaneous iv. Long-term intubation vs. tracheostomy n. Ventilatory muscle physiology, pathophysiology, and therapy, including polyneuropathy of the critically ill and prolonged effect of neuromuscular blockers o. Pleural diseases <ul style="list-style-type: none"> i. Empyema

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	<ul style="list-style-type: none"> ii. Pleural effusion iii. Pneumothorax iv. Hemothorax p. Pulmonary hemorrhage, and hemoptysis q. Nitric oxide and prostaglandin therapies r. Positional therapy (i.e., prone position, rotational therapy) s. Interpretation of chest radiographs and correlation with clinical status <p>3. Renal Physiology, Pathology, Pathophysiology, and Therapy</p> <ul style="list-style-type: none"> a. Renal failure: Prerenal, renal, and postrenal b. Derangements secondary to alterations in osmolality and electrolytes c. Acid-base disorders and their management d. Principles of renal replacement therapy and associated methodologies (hemodialysis, peritoneal dialysis, ultrafiltration, continuous arteriovenous hemofiltration, and continuous veno-venous hemofiltration) e. Drug dosing in renal failure f. Rhabdomyolysis g. Systemic diseases that involve the kidney (thrombotic thrombocytopenic purpura, hemolytic uremic syndrome) <p>4. Central Nervous System Physiology, Pathology, Pathophysiology, and Therapy</p> <ul style="list-style-type: none"> a. Coma <ul style="list-style-type: none"> i. Metabolic, traumatic, infectious, mass lesions, vascular-anoxic or ischemic, drug induced ii. Assessment and prognosis b. Hydrocephalus and shunt function and dysfunction c. Psychiatric emergencies d. Perioperative management of patient undergoing neurologic surgery e. Brain death evaluation and certification f. Diagnosis and management of persistent vegetative states g. Management of increased intracranial pressure, including intracranial pressure monitors h. Status epilepticus i. Neuromuscular diseases causing respiratory failure j. Traumatic and nontraumatic intracranial bleed k. Traumatic brain injury l. Axonal shear injury m. Neuromuscular blockade: Use, monitoring, and complications <p>5. Metabolic and Endocrine Effects of Critical Illness</p> <ul style="list-style-type: none"> a. Nutritional support <ul style="list-style-type: none"> i. Enteral and parenteral ii. Evaluation of nutritional needs including indirect calorimetry <p>6. Endocrine</p> <ul style="list-style-type: none"> a. Disorders of thyroid function (thyroid storm, myxedema coma, sick euthyroid syndrome) b. Adrenal crisis and insufficiency (primary and secondary) c. Disorders of antidiuretic hormone metabolism

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	<ul style="list-style-type: none"> d. Diabetes mellitus and diabetic emergencies e. Pheochromocytoma f. Electrolyte disorders including Na, K, Mg, Ca, PO₄ g. Glucose management <p>7. Infectious Disease Physiology, Pathology, Pathophysiology, and Therapy</p> <ul style="list-style-type: none"> a. Antibiotics <ul style="list-style-type: none"> i. Antibacterial agents including aminoglycosides, penicillins, cephalosporins, quinolones, and newer emerging classes of antibiotics ii. Antifungal agents iii. Antituberculosis agents iv. Antiviral agents v. Agents for parasitic infections b. Infection control for special care units c. Isolation and reverse isolation d. Sepsis definitions (sepsis, septic shock) e. Tetanus f. Hospital-acquired and opportunistic infections in the critically ill g. Adverse reactions to antimicrobial agents h. ICU support of the immunosuppressed patient <ul style="list-style-type: none"> i. Acquired immunodeficiency syndrome ii. Transplant iii. Oncologic i. Infectious risks to healthcare workers j. Evaluation of fever in the ICU patient <p>8. Physiology, Pathology, Pathophysiology, and Therapy of Acute Hematologic and Oncologic Disorders</p> <ul style="list-style-type: none"> a. Acute defects in hemostasis b. Anticoagulation; fibrinolytic therapy c. Principles of blood component therapy d. Acute hemolytic disorders including thrombotic microangiopathies e. Acute syndromes associated with neoplastic disease and antineoplastic therapy f. Sickle cell crisis and acute chest syndrome g. Plasmapheresis h. Prophylaxis against thromboembolic disease i. ICU-acquired anemia <p>9. Physiology, Pathology, Pathophysiology, and Therapy of Acute Gastrointestinal, Genitourinary, and Obstetrical-Gynecologic Disorders</p> <ul style="list-style-type: none"> a. Perioperative management of surgical patients b. Postoperative complications including fistulas, wound infection, and evisceration c. Acute pancreatitis with shock d. Upper gastrointestinal bleeding, including variceal bleeding e. Lower gastrointestinal bleeding f. Toxic megacolon and pseudo-obstruction syndromes (i.e., Ogilvie's) g. Acute perforations of the gastrointestinal tract h. Ruptured esophagus

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	<ul style="list-style-type: none"> i. Acute inflammatory diseases of the intestine j. Acute vascular disorders of the intestine, including mesenteric infarction k. Acute and fulminant hepatic failure l. Drug dosing in hepatic failure m. Acalculous cholecystitis n. Stress ulcer prophylaxis <p>10. Physiology, Pathology, Pathophysiology, and Therapy of Acute Genitourinary Disorders</p> <ul style="list-style-type: none"> a. Obstructive uropathy, acute urinary retention b. Urinary tract bleeding <p>11. Physiology, Pathology, Pathophysiology, and Therapy of Acute Gastrointestinal, Genitourinary, and Obstetrical-Gynecologic Disorders</p> <ul style="list-style-type: none"> a. Placenta previa and abruption b. Peripartum cardiomyopathy c. Toxemia of pregnancy, amniotic fluid embolism, HELLP (hemolysis, elevated liver function tests, and low platelet count) syndrome, ovarian hyperstimulation d. Hydatidiform mole <p>12. Environmental Hazards</p> <ul style="list-style-type: none"> a. Drug overdose and withdrawal b. Temperature-Related Injuries c. Envenomation d. Altitude sickness e. Decompression sickness f. Biological and chemical terrorism g. Radiation exposure <p>13. Immunology and Transplantation</p> <ul style="list-style-type: none"> a. Principles of transplantation (organ donation, procurement, preservation, transportation, allocation, implantation, maintenance of organ donors, national organization of transplantation activities) b. Immunosuppression c. Organ transplantation: Indications preoperative and postoperative care d. Transplant-related infectious disease <p>14. Trauma, Burns</p> <ul style="list-style-type: none"> a. Initial approach to the management of multiple system trauma b. Central nervous system trauma (brain and spinal cord) c. Skeletal trauma, including the spine and pelvis d. Chest trauma, blunt and penetrating e. Abdominal trauma, blunt and penetrating f. Crush injury f. Burns g. Electrical injury <p>15. Monitoring, Bioengineering, Biostatistics</p> <ul style="list-style-type: none"> a. Prognostic indexes, severity, and therapeutic intervention scores b. Invasive hemodynamic monitoring

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	<ul style="list-style-type: none"> c. Assessment of cardiac function and derived hemodynamic variables d. Noninvasive hemodynamic monitoring e. Electrical safety f. Thermoregulation g. Central nervous system brain monitoring h. Respiratory monitoring i. Metabolic monitoring <p>16. Ethics, Legal issues and End-of-life care</p> <ul style="list-style-type: none"> a. Ethical decision and consent issues b. End-of-life decision making and care c. Futility, foregoing life-sustaining treatment and Do-Not-Resuscitate Orders d. Major ethical principles e. Advanced Medical Directives, Living Wills, Power of Attorney <p>17. Administration and management</p> <ul style="list-style-type: none"> a. Physical design, environment, organisation, standards and staffing models for the ICU b. Effective record keeping c. Patient triage and resource allocation d. Team building and management e. Patient safety, quality, workflow and systems improvement processes f. Cost effectiveness in financial management g. Information technology in the ICU <p>18. Disaster Management / Health hazards to staff</p> <ul style="list-style-type: none"> a. Contagious diseases/bioterrorism b. Mass traumatic casualty situations c. Attacks using hazardous materials (HAZMAT)
<p>8. Training Method</p>	<p>Method of Supervision: The fellow will be matched with one of the faculty members who will in turn function as the overall supervisor. The supervisor will coordinate the trainee's learning activities as well as assessment and feedback.</p> <p>During clinical service, the fellow will be supervised via direct supervision and feedback by an assigned supervisor at all times.</p> <p>Clinical multidisciplinary rounds The fellow will round with the multidisciplinary team and participate in all bedside clinical activities including history taking, physical examination, ordering and interpreting of investigations, performance of bedside procedures and organization of the management plan. He will also supervise the junior residents and participate in bedside teaching and discussion.</p> <p>Quality rounds The fellow will be involved in organization and presentation of the quality management rounds of the units' mortalities and morbidities. In addition, he will have an opportunity to participate in quality indicatives as available.</p>

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	<p>Teaching rounds The fellow will be involved in organization and presentation in the teaching rounds such as the grand ward round, rehabilitation rounds and palliative rounds.</p> <p>Didactic sessions The fellow will participate in regular didactic sessions with faculty from the intensive care community. In addition to being a participant, he will have the opportunity to present and lead in these sessions</p> <p>Critical care courses The fellow will have the opportunity to participate in inhouse as well as external courses including basic cardiac life support, advanced cardiac life support, fundamental critical care support, point of care sonography, focused echocardiography, advanced ventilator management, bronchoscopy, extracorporeal blood purification, extracorporeal membrane oxygenation etc</p> <p>Other than the Department of Surgical Intensive Care (Supervisor: Primary Supervisor), hands-on training job rotation to other departments within SGH and National Heart Centre, Singapore (NHCS) is required: <u>Name of training department(s)</u></p> <ol style="list-style-type: none"> 1. SGH, Respiratory and Critical Care Medicine 2. SGH, Neurosurgery 3. SGH, Neurology 4. SGH, Anaesthesiology 5. SGH, Plastic, Reconstructive & Aesthetic Surgery 6. SGH, Renal Medicine 7. NHCS, Cardiology 8. NHCS, Cardiothoracic Surgery <p><u>Frequency / duration of rotation</u></p> <ul style="list-style-type: none"> • SICU (SGH, Surgical Intensive Care) – 4 months • MICU (SGH, Respiratory Critical Care Medicine) – 4 months • Electives – 4 months to choose from: <ol style="list-style-type: none"> a) NICU (SGH, Neurosurgery / Neurology) b) Burns ICU (SGH, Plastic, Reconstructive & Aesthetic Surgery) c) SGH Anaesthesiology d) SGH Renal Medicine e) CCU (NHCS, Cardiology) f) CTSICU (NHCS, CTS) <div style="background-color: #cccccc; padding: 5px; text-align: center;">TRAINING ACTIVITIES & METHODOLOGY</div> <p><u>Clinical multidisciplinary rounds</u> The fellow will round with the multidisciplinary team and participate in all bedside clinical activities including history taking, physical examination, ordering and interpreting of investigations, performance of bedside procedures and organization of the management plan. He will also supervise the junior residents and participate in bedside teaching and discussion.</p>

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<p>9. Assessment and Evaluation</p>	<p>Fellows will need to demonstrate their proficiency level based on the following competencies:</p> <p>1) Patient Care</p> <ol style="list-style-type: none"> a. Gather essential and accurate information about the patient b. Counsel patients and family members c. Make informed diagnostic and therapeutic decisions d. Prescribe and perform essential medical procedures e. Provide effective health management, maintenance, and prevention guidance <p>2) Medical Knowledge</p> <ol style="list-style-type: none"> a. An investigative and analytical approach to clinical problem solving and knowledge acquisition b. An ability to apply medical knowledge to clinical situations c. An ability to teach others <p>3) Practice-Based Learning and Improvement</p> <ol style="list-style-type: none"> a. investigate and evaluate patient care practices b. appraise and assimilate scientific evidence, and c. improve the practice of medicine <p>4) Interpersonal and Communication Skills</p> <ol style="list-style-type: none"> a. Create and sustain a therapeutic relationship with patients and families b. Work effectively as a member or leader of a health care team <p>5) Professionalism</p> <ol style="list-style-type: none"> a. Demonstrating Professional Conduct and Accountability

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	<p>b. Demonstrating Humanism and Cultural Proficiency c. Maintaining Emotional, Physical, and Mental Health, and Pursuing Continual Personal and Professional Growth</p> <hr/> <p>6) Systems-Based Practice</p> <p>a. Work effectively in various health care delivery settings and systems relevant to their clinical specialty b. Coordinate patient care within the health care system relevant to their clinical specialty c. Incorporate considerations of cost awareness and risk/benefit analysis in patient care d. Advocate for quality patient care and optimal patient care systems e. Work in interprofessional teams to enhance patient safety and improve patient care quality f. Participate in identifying systems errors and in implementing potential systems solutions</p>
9.1 Assessment approaches	<p>Formative assessment:</p> <ul style="list-style-type: none"> Regular evaluation between Fellow and Supervisor / Head of Department Reflective journal- logbook recordings of training activities including cases managed and procedures performed according to the training syllabus <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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<p>9.2 Evaluation Process</p> <p>9.2.1 General overall grading system</p>	<p>The general overall grading system evaluates the Clinical Fellow's performance upon completion of the fellowship programme. All Clinical Fellows 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 Fellows 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"> Fellow completed at least 9 months of training and achieves all competencies of the training program </td> </tr> <tr> <td>USP</td> <td>Unsatisfactory performance</td> <td> <ul style="list-style-type: none"> Fellow completed at least 9 months of training but is not able to achieve the competencies of the training program </td> </tr> <tr> <td>DCP</td> <td>Did not complete the programme</td> <td> <ul style="list-style-type: none"> Fellow is not able to complete at least 9 months of training </td> </tr> <tr> <td>WDN</td> <td>Withdrawn from the programme</td> <td> <ul style="list-style-type: none"> Fellow has consistently demonstrated poor performance throughout the training period, demonstrates misdemeanour, misconduct or medical negligence </td> </tr> </tbody> </table>	Grading Status	Description	Grading Criteria Requirements	CMP	Completes the programme	<ul style="list-style-type: none"> Fellow completed at least 9 months of training and achieves all competencies of the training program 	USP	Unsatisfactory performance	<ul style="list-style-type: none"> Fellow completed at least 9 months of training but is not able to achieve the competencies of the training program 	DCP	Did not complete the programme	<ul style="list-style-type: none"> Fellow is not able to complete at least 9 months of training 	WDN	Withdrawn from the programme	<ul style="list-style-type: none"> Fellow has consistently demonstrated poor performance throughout the training period, demonstrates misdemeanour, misconduct or medical negligence
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<p>9.2.2 Options for Clinical Fellow who was graded with a (USP) for unsatisfactory performance</p>	<p>A remediation plan will be developed to help the fellow attain the core competencies.</p>															
<p>9.3 Criteria for Early Termination</p>	<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 Clinical 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>															
<p>10. Course Administration</p>	<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	3