

SINGAPORE MEDICAL COUNCIL

ACCREDITATION OF COLORECTAL SURGERY ADVANCED FELLOWSHIP - AT DEPT of SURGERY, NUH

Institution: National University Hospital

Period of Training: 12 months

Department: Department of Surgery

Training Program: Colorectal Surgery Advanced Fellowship

PROGRAMME DIRECTOR (PD)

Asst Professor Bettina Lieske

Senior Consultant, Program Director

Division of Colorectal Surgery

Department of Surgery

National University Hospital

TRAINING DURATION AND LOCATION

The duration of the fellowship training is 12 months. The training location will be at Department of Surgery, Ng Teng Fong Hospital, Alexandra Hospital and National University Hospital.

NO. OF FELLOWS PER YEAR

The division offers a maximum of 2 fellowship positions per year.

ENTRY REQUIREMENTS

- Applicants must be eligible for temporary registration with Singapore Medical Council.
- Applicants must have completed a general surgery residency or equivalent training in their home country.
- Applicants must have good communication skills and ability to work in a team.
- Applicants must be proficient in spoken and written English.
- Prior training in colorectal surgery is preferred but not mandatory.

OBJECTIVES OF TRAINING

This Fellowship program aims for colorectal surgeons and general surgeons with a colorectal subspecialty interest to deepen their expertise in complex colorectal work. In addition, we hope to establish international relationships and opportunities for fellows to personally observe and participate in the care of patients with colorectal diseases in Singapore so that they can share their experience with their home countries.

During the 12 months fellowship the candidates will be expected to have obtained:

- Broad experience in operative and clinical management of patients with common and complex proctological disorders
- Competency in lower gastrointestinal diagnostic and therapeutic endoscopy,
- Comprehensive experience in the preoperative assessment, operative treatment and postoperative care of patients with colorectal cancer within the parameters of a well-established multi-disciplinary tumour board.
- Comprehensive experience and hands-on experience in the care and operative management of patients with complex diseases requiring treatments such as peritonectomy, intraoperative chemotherapy and multi-visceral resection.

- Some exposure and experience in the preoperative assessment, operative treatment and postoperative care of patients presenting with acute colorectal emergencies, including participation in the on-call commitments after office hours.

COMPONENTS OF TRAINING

The following are based on estimated caseload for the entire Division of Colorectal Surgery over a period of twelve months:

Operative caseload

- Approximately 400 major colon resections (laparoscopic, open and robotic) for colorectal cancer and non-malignant conditions.
- Approximately 40 complex multi-organ resections/ cytoreductive surgery procedures for locally advanced/ recurrent cancers and peritoneal malignancies.
- Approximately 400 anorectal procedures.
- 5 all day elective major operating lists/week.
- 2 half day ambulatory operating lists/week.
- Additional lists available for elective cancer work and emergencies.

Colonoscopies

- 2600 diagnostic colonoscopies.
- 800 polypectomies.
- Exposure to colonic stent insertions for obstructed colon cancer.
- 2-4 endoscopy lists every day, Monday to Friday.

Specialist outpatient clinic

- Diagnosis and management of common proctological and colorectal conditions presenting in the outpatient setting.
- Pre-operative assessment, post-operative care and surveillance.
- It is expected that the fellow will have at least 1 clinic per week, running in tandem with the supervising consultant.

On call commitments

- The fellow will join the on-call roster for the Division of General Surgery and Division of Colorectal Surgery to gain experience in the preoperative assessment, operative treatment and postoperative care of patients presenting with acute colorectal emergencies. The on-call roster will also include night duties.

Academic Curriculum

- Weekly postoperative colorectal morbidity and mortality rounds.
- Monthly journal clubs
- Monthly academic teachings
- Weekly postoperative morbidity and mortality meetings in general surgery
- Weekly multidisciplinary tumour board/pathology meeting involving surgeons, medical oncologists, radiation oncologists, pathologists, radiologists and specialist nurses.

ROTATIONS TO OTHER INSTITUTION(S) / DEPARTMENT (S)

The fellow will spend most of his training time with the Division of Colorectal Surgery during his/her period of training. However, the fellow may be rotated to other institutions within the NUHS Cluster (i.e. Ng Teng Fong Hospital, Alexandra Hospital and National University Hospital). This rotation will only be a minor component of the overall training and will be subject to the approval from the relevant department. The

fellow will be practising at Department of Surgery, Ng Teng Fong Hospital, Alexandra Hospital and National University Hospital only.

Name of Institution	Percentage of Time	Department / Division(s)
National University Hospital	60-100%	Surgery / General Surgery & Colorectal Surgery
Alexandra Hospital	Maximum 20%	Surgery / General Surgery & Colorectal Surgery
Ng Teng Fong Hospital	Maximum 20%	Surgery / General Surgery & Colorectal Surgery

SUPERVISION METHOD

The fellow would be supervised at all times by a SMC-approved supervisor from Department of Surgery, Ng Teng Fong Hospital, Alexandra Hospital and National University Hospital.

ASSESSMENT METHOD

1. Program director will meet up with the fellow to discuss these assessments on a quarterly basis.
2. Fellow will evaluate the program and its faculties at the end of the attachments.
3. Fellow is expected to maintain a case log of all the cases he/she participated in.

CRITERIA FOR EARLY TERMINATION OF TRAINEES FROM THE PROGRAMME

1. Deficiencies in the fellow's performance will be initially reviewed by the Program Director.
2. The Program Director will refer any performance problems to the Fellow's Performance Committee.
3. The Program Director and the Fellow's Performance Committee will act on problems requiring immediate attention.

FEEDBACK MECHANISM FOR TRAINEES

1. Fellow is encouraged to provide direct feedback to the Program Director during the quarterly review and written feedback at 6 months' interval.
2. Fellow will approach the Head of the division or department for issues related to the Program Director.