Annex

A) GUIDELINES ON GENERAL MEDICINE POSTING

1) Clinical requirements for the two months:

a) In-patient: taking care of at least 10 GM in-patients per day under supervision of the ward consultant;

b) Out-patient: Although outpatient clinics are not mandatory, it is recommended to include these clinics to enhance training;

c) In order to allow the residents to maintain continuity of their specialty training, they are allowed up to maximum 2 sessions (1 session = half day, afternoon) per week out from GM for specialty training/ National Training Programmes /clinics etc. However, this cannot clash with GM training/teaching/service etc;

d) Calls: at least 2 stay-in calls per month, under the Division or Dept of Medicine call roster for two months per year. Allow non-GM calls in addition to 2 compulsory GM calls. Total calls would be as per the number of calls by ACGME-I;

e) Blue-letter consultations: Non-IM residents will be put on GM registrar calls and they will help to see IM blue-letters during the two months

f) For residents from the Family Medicine track, they are required to fulfil the above-mentioned requirements as MOs and under the supervision of IM consultants.

2) Educational activities of senior residents should include

a) Attend GM department's CME programme;
b) Talks, tutorials and other training of residents and medical students.

3) Monitoring of Residents' Performance

If the non-IM senior resident does not perform satisfactorily during the GM posting, Advanced IM PD should report him/her to JCST via IM RAC and training may be extended.

Advanced IM APDs will be appointed to assist in tracking these non-IM senior residents doing GM rotation. Meanwhile, if non-IM senior residents do not perform up to the expected SR expectations, Advanced IM PD will inform IM RAC and IM RAC will bring this up to JCST. GM rotation would be extended if these residents do not perform up to the expectations. Advanced IM supervisors should conduct proper assessment for these non-IM senior residents and there should be 1 assessment per month. The Advanced IM APDs would sign them off at the end of the 3 years training (after completing 6 months GM rotation) based on the supervisors' assessments.

B) GUIDELINES ON GERIATRIC MEDICINE POSTING

Geriatric Medicine posting has been approved by SAB to be capped at 2 months, with a minimum of 1 month. This will allow residents to spend 4-5 months in General Medicine. The 2 months need not be consecutive and may be split in two periods during their 3 year medical specialty training.

1) Overall Objectives for Geriatric Medicine Posting

One month programme:
The senior resident will
a) understand the interaction between ageing and disease
b) be able to perform a geriatric assessment
c) identify and manage common geriatric syndromes
d) know how to refer to the appropriate geriatric services

2) Two month programme

In addition to objectives above, the senior resident will
e) learn more about management of geriatric syndromes
f) learn about the effect of ageing and geriatric syndromes on conditions relevant to their medical specialty
g) know the capabilities and limitations of geriatric services in supporting their medical specialty

3) Specific Topics

Extent of coverage will vary between the one and two month postings.

- Effect of ageing and co-morbidities on disease presentation, diagnosis and management, including
    - Atypical presentation of disease
    - Polypharmacy

- Comprehensive assessment including medical, functional, psychosocial domains
- Roles of the multi-disciplinary team

- Geriatric syndromes
    - Delirium, dementia and depression
    - Falls and instability
    - Immobility
    - Incontinence
    - Infections

- Acute illnesses in the elderly
- Considerations in goal setting for the elderly including advance care planning
- End of life care in the elderly
- Geriatric services in hospital and community: referrals, capabilities and limitations

- Implications of ageing and co-morbidities in relation to conditions relevant to the resident's medical specialty
    - Examples:
        - Managing heart failure patients needing diuretics who also have urinary incontinence
        - Managing patients with gait problems and frequent falls
        - Managing patients needing multiple drugs but with compliance problems from cognitive impairment.

4) Training Programme

a) One month programme

- Ward rounds in acute/subacute geriatric wards
- Multi-disciplinary team meetings
- Geriatric outpatient clinic
- Selected geriatric subspecialty programmes such as dementia, falls, continence, palliative care

b) Two month programme

- As for one month programme
- Visit/ward round at community hospital
- Optional: visit to nursing home, home visit

Resident may be released to continue their own medical specialty clinics if required

5) Supervision, Teaching and Assessment

Each senior resident must have a training supervisor throughout the posting

- Teaching during ward rounds and clinic attachments
- Minimum of one tutorial/discussion session a week with training supervisor or ward consultant.
- No formal assessments are required in view of the short period of posting.
- Head of Department or Training supervisor must conduct an exit interview before end of posting. A brief report should be submitted to the resident's respective Program Director.

C) LEAVE GUIDELINES DURING THE GM/GRM POSTING

During the GM/GRM posting, the specialty PD and Advanced IM PD should approve the leave taken by the Senior Residents. They are required to comply with the prevailing MOH leave guidelines.For 1 month GM posting, the leave guidelines will be pro-rated accordingly (i.e. Maximum Days of Absence Beyond which Posting should be Remediated/Repeated for 1 month posting will be 3 days).