

Departments offered at NTFGH

Department	Period	Min / Max weeks	Type	Description
Post-Acute and Continuing Care (PACC)	January – October only	Min 2 weeks / Max 4 weeks	Hands-off observership / Hands-On elective	<p>Objectives:</p> <p>1) Describe how the integration of patient care entails the commitment to continuity of care across time (e.g. from womb to tomb/cradle to grave; from prevention of disease to end-of-life care), space (i.e. from acute hospital to home in the community), disciplines (multi-morbidity; intra-medicine specialties, and extra-doctor professions) and acuity (e.g. from exacerbation to stability).</p> <p>2) Recognise the person with complex care needs, often the older person with multiple chronic condition(s), prone to functional impairment who requires coordinated medical and/or social care across different medical and/or social care settings both within the hospital and out in the community throughout the course of his/her disease journey.</p> <p>3) Describe the coordinated journey of care in the patient with complex care: from acute care in the hospital, to intermediate care in a stepped down facility, to long-term care in the community.</p> <p>4) Describe the role(s) of the multidisciplinary team in the support of care integration, aging-in-place, and care coordination for the older person with complex care needs.</p> <p>5) Describe the role of the family physician in the integration and coordination of care for the older person with complex care needs in the community</p> <p>6) Apply a framework for the assessment and management of patients with medical, functional and social care needs, including the use of</p> <ul style="list-style-type: none"> • Biopsychosocial model • Comprehensive geriatric assessment (CGA) • ICF (international classification of function and disability) framework

				<p>7) Describe the principles of rehabilitation and spectrum of rehabilitative services at different levels of medical care (primary to tertiary care).</p> <p>8) Describe the professional expertise and potential resources available</p> <ul style="list-style-type: none"> • to address health and social care needs in the community • for obtaining financial support for health and social care
Intensive Care Medicine	All year round	Max 2 weeks	Hands-off observership / Hands-On elective	<p>Objectives: Management of critically ill patients in Combine ICU settings (medical, surgical, trauma, neurosurgical)</p> <p>Hands-Off: ICU referrals, code blue</p>
General Surgery	All year round	Min 2 weeks / Max 4 weeks	Hands-off observership / Hands-On elective	<p>The interested applicant can opt to rank in order of their top 3 preferences subject to availability from the following teams:</p> <ol style="list-style-type: none"> 1. Emergency Surgical Unit 2. Breast & Endocrine Surgery 3. Upper GI 4. Hepatobiliary 5. Colorectal 6. Vascular 7. Neurosurgery 8. Plastic surgery 9. Urology <p>Opportunities are also available if they are keen on scholarly activities eg. research, Quality improvement projects, education etc.</p>

Anaesthesia	Feb - July	Max 2 weeks	Hands-off observership / Hands-On elective	
Supportive Care and Palliative Medicine	Open all year round	Min 2 weeks / Max 4 weeks	Hands-off observership / Hands-On elective	Objectives: Understand what is palliative care and how it is delivered Hands-Off: Observe palliative team at work Hands-On: Engage patients in conversations Assist clinical team in low risk activities e.g. preparing for SC cannulation
Rheumatology	All year round	Min 2 weeks Max 4 weeks	Hands-off: observer ship Hands-on: Elective	Objectives: History Skill: Gather of important information that is needed for rheumatology history. Physical examination skills: complete a pertinent physical examination for the evaluation of musculoskeletal system. Knowledge /managements: know about common rheumatologic condition. Eg. common causes of arthritis, common laboratory test and therapy for common rheumatological conditions.

General Medicine	All year round	Max 2 weeks	Hands-off: Observership Hands on: Elective	Objectives: Exposure to bread and butter general medicine conditions; to have an approach to common symptoms that patients present with in gen med. Hands off: Observe general medicine team at work ; Observe doctors doing procedures (Blood taking, IV cannulation, inserting indwelling catethers) . Exposure to general medicine patients in both inpatient (ward setting) and outpatient (clinic setting). Hands on: Engage patient in history taking/ physical examination
Neurology	End Jan to End every year.	Minimum 2 weeks and Max 4 weeks	Hands off observership Hands on: Elective	Objectives: Exposure to Neurology patients ; learn about common Neurology conditions Hands off: Exposure to Neurology / Neurosurgery and Neuro radiology Hands on : Speak to patient for history taking and physical examination

Gastroenterology	All year round	Min 2 weeks Max 4 weeks	Hands off observership Hands on: Elective	<p>Objectives: Exposure to gastroenterology patients ; learn about common gastroenterology conditions</p> <p>Hands off: Join ward rounds, participate in gastroenterology topic review, observe endoscopic procedures , tag on to clinics, join department weekly teaching.</p> <p>Hands on : Speak to patient for history taking and physical examination</p>
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