

NUHS PAEDIATRIC RESIDENCY PROGRAMME

The Department of Paediatrics at NUHS has an established track record of producing distinguished alumni who have made significant contributions to the prevention and management of childhood diseases in Singapore and internationally. We are proud of the ongoing contribution of the products of our training programme, many of whom are now clinicians and academics, practicing high-quality, evidence-based paediatric medicine in a variety of settings.

The NUHS Paediatric Residency Programme is dedicated to the principal goal of preparing medical specialists-in-training for a lifetime of exceptional clinical service to their patients and the wider community.

This is a six-year programme that is structured to ensure that residents can achieve their learning goals with supervision and mentorship from senior paediatricians and faculty. It provides broad-based training in ambulatory and acute care paediatrics, as well as exposure to the full range of paediatric subspecialties. Residents are expected to obtain the Master of Medicine (Paediatrics) degree from the National University of Singapore and the Membership of the Royal College of Paediatrics and Child Health (United Kingdom) through a conjoint examination at the end of the three-year junior residency programme. Following this, residents undergo another three years of advanced training in general paediatrics (senior residency) before obtaining their exit accreditation as a specialist in Singapore.

Our Mission

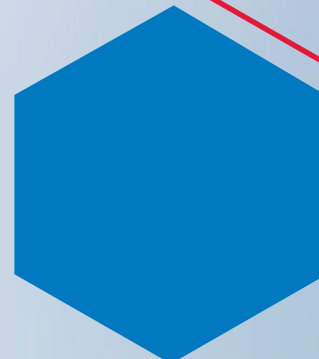
To provide the best education for our residents in order to maximally develop each individual's potential and to enable them to deliver health care of the highest quality to their patients.

Our Teaching Philosophy

Residents are expected to acquire a high-level of evidence-based knowledge relevant to the practice of Paediatrics. A core-reading list is supplemented by a schedule of interactive lectures and small-group teaching. A rigorous approach to the critical appraisal of scientific information is emphasised.

Clinical training revolves around the application of knowledge thus gained to practical, real-time clinical problems. This often involves the full range of skills required in the management of complex, multi-disciplinary cases. Residents are introduced to the concepts of team-based care at an early stage in their training.

The basic clinical skills, for example, history taking and communications, are developed in tandem with practical and presentation skills. Residents are encouraged to teach junior colleagues and to participate in the department's continuing medical education programme. There are also ample opportunities for involvement in clinical research. A mentorship scheme is provided and career guidance is available from senior colleagues ranging from award clinician-scientists to visiting staff prominent in the private sector.



Key Strengths of Our Programme

1. Broad case mix which increases residents' exposure to a wide range of general paediatric as well as subspecialty paediatric patients via inpatient rotations and ambulatory clinics.
2. Residents benefit from the shared expertise of being co-located with adult tertiary care in all disciplines (e.g. living-related liver and kidney transplant programmes for children).
3. A structured teaching programme that is constantly adapted to suit the learning needs of residents:
 - a. Early morning department teaching sessions (4x per week)
 - b. Lunch-time resident teaching sessions (4x per week)
 - c. Paediatric Mock Codes (using high fidelity simulation facilities)
 - d. Regular courses and workshops
 - e. Mock examinations
4. Regular formative assessments
5. Mentorship programme
6. Dedicated faculty to help residents fully develop their potential.
7. Opportunities for participation in research and teaching activities.



Curriculum

Residency training for Paediatrics comprises 72 months of paediatric-related rotations.

Residents are given progressive responsibility according to their increasing level of competence. Residents in the higher years of training would be expected to supervise junior residents and students.

Each resident would be assigned his / her own patients in a monthly continuity clinic that begins from year 1 of the residency programme. Residents would run this clinic under the supervision of faculty members, with longitudinal follow up of the patients over the next three years of junior residency training.

Residency training starts in July every year and progression occurs annually in July or January.

Rotations

To achieve broad-based training, our residents undergo the following rotations in junior residency (JR) and senior residency (SR):

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| 1 | General Paediatric (inpatient) | At least 6 months in JR and at least 12 months in SR |
| 2 | Children's Emergency | Around 6 months in JR and around 6 months in SR |
| 3 | Paediatric Intensive Care | 3 months in JR and 3 months in SR |
| 4 | Neonatology | 6 months in JR and 6 months in SR |
| 5 | Child Development | 1 month in JR |
| 6 | Adolescent Medicine | 1 month in JR |
| 7 | Infectious Diseases | 1 month in SR |
| 8 | Other Paediatric subspecialties | Cardiology, Endocrinology, Gastroenterology and Hepatology, Hematology and Oncology, Nephrology, Neurology, Rheumatology and Immunology, Pulmonary rotations are compulsory in JR |
| 9 | Electives | 1 month preferably during JR |

Graphical Overview of Paediatric Programme

