

**Ralph & BerryI Goldman Fellowship
in Neuro urology, voiding dysfunction and bladder reconstruction**

Length of fellowship:

A 1 year Fellowship: This fellowship has been designed for Urology or Gynecology residents having completed their training and who wish to acquire an expertise in this field. A one year fellowship is available with limited objectives (see list below).

A 2 years fellowship is the ideal length.

Fellows will have to work in at least 3 hospitals (Jewish General, Montreal General and Readaptation institute). Fellow's duties are listed below.

Language:

English is the main working and teaching language, however a good knowledge of French is necessary to fully participate at the clinical work. **Priority will be given to bilingual applicants**

Funding: Candidates will have to submit a proof of funding. Acceptable Scholarships can be granted by a government, a scientific or international organization, a University or Faculty of Medicine. All other scholarships (for example, self-funding) will be refused. Unfunded training is not possible. The minimum acceptable bursary is the equivalent of the R-1 Salary (approximately \$43.000 dollars per year). Additionally scholarships must cover the tuition fees and other student fees. Please consult the appropriate section on this link <http://www.mcgill.ca/student-accounts/fees/grad/gradmed/>

Health care coverage for non-Canadian fellows: Information about Health insurance can be found at the following link:

http://www.medicine.mcgill.ca/postgrad/registrationinfo_healthinsurance.htm

Application for fellowship:

Information pertaining to the Fellowships admission requirements, please consult the following:
http://www.medicine.mcgill.ca/postgrad/admission_fellowships.htm

Clinical duties

Diagnostic/therapeutic techniques:

1-Urodynamics:

The fellow will be in charge of the urodynamic labs (JGH, Rehab) and supervise and interpret all urodynamic studies. He will perform video-UDS once a week, reports on it and will develop a video-UDS slide kits for teaching and publication.

2- Cystoscopy, Botox injections and Macroplasty injections

The fellow will perform under direct supervision of the staff all these techniques.

Clinics:

Once/week the fellow will see all new patients during a clinic, which will be concomitant to the staff's one. He will ask for diagnostic tests if necessary or discuss immediately the case with the staff if there are no tests to do. Or if he needs guidance to chose the tests.

Once/week he will have a joint clinic with the staff to see patients after they got their testing and to discuss management.

He will participate the same way to the clinics at the Neuro and the Rehab

At the rehab he will do the floor consultations and perform cystoscopies. The possibility for him to have his own cystoscopy half day at the rehab will be discussed with the DPS.

Operative room

The fellow will be present in OR for every surgery included in the frame of his fellowship.

He will assist the resident for simple procedures (mid urethral slings, simple prolapses, male slings etc.) and will be the second help for bigger cases. The resident will be always the operator or the first help of the staff. Exceptionally the staff could ask the fellow to perform some parts of the case.

Teaching

The fellow will be invited to teach the resident in the fields of his/her fellowship. However he/she won't replace the staff for usual teaching sessions (Tuesday PM and Friday AM)

He/she may be asked to present cases at Wednesday PM rounds if residents are not available and to give his/her opinion at J Club if the article is within the frame of his fellowship.

Research

The clinical fellow will be involved solely in clinical research. He/she will have his/her own protocols and conduct them.

Basic research is not mandatory during the one year of fellowship, however some fellows may ask to devote some time (not more than 1 day/week) in the lab to fulfill their university requirements. *In the 2 years fellowship a full basic research project will be decided with the fellowship director and conducted.*

The fellow, in agreement with his program director, will define topics to be published within the year and will work on these topics to produce quality papers/abstracts. He will be in charge of writing any book chapter requested to his staff during this period.

The fellow will be registered to a McGill epidemiology/biostatistics course at the expenses of the department.

Meetings

The fellow will be invited to participate to one regional, one national and one international meeting. The department will cover his expenses only if he is presenting data generated during his fellowship.

He will be encouraged to participate to the fellows meeting at AUA and SUFU.

Holidays:

The fellow is entitled for 20 days of vacation plus Christmas official break. All away time must be validated with the supervisor before it occurs.

On calls

The fellow is not taking calls, however he should be ready to help the residents for their calls if it is necessary.

Furthermore he is in charge of supervising residents for the postoperative course of any patient operated for diseases within the frame of his fellowship. He will then report to the staff on call or having operated this patient.

* Dr Jens Erik Walter agreed to have our fellow participating to some of his surgeries. Dr Walter will decide at the time of the surgeries the role that he would like the fellow to play.

Fellowship Objectives

General Objectives

At the end of their one year fellowship the physicians will be able to handle a general practice in urogynecology, neurourology , bladder dysfunctions and pelvic reconstruction surgery.

A two years fellowship will add to these objectives the capability of mastering most of the surgical technique and to be ready to teach them within a position in an academic institution

Specific Objectives

For each of the following topics the physician will be able to:

- describe the related anatomy
- detail the pathophysiology processes
- organize and explain all steps of evaluation
- perform these evaluations (see evaluation)
- describe non-pharmacological and/or pharmacological and/or surgical treatment and to discuss their respective indications, contraindications and side effects
- discuss the management of complications related to these treatments

List of Topics

A- UROGYNECOLOGY

- Anterior vaginal prolapse - enterocoele - rectocele - vault prolapses (abdominal and vaginal approaches) - hysterectomies
- vesicovaginal fistulae - urethral fistulae - urethral diverticulum - gynaecological developmental anomalies - pediatric neurogenic bladders
- Adult neurogenic bladders - cystitis and urethritis - overactive bladder

- Urethral syndrome
- Vaginitis - pelvic pain syndrome
- Urological changes and complications of pregnancy
- Menopause
- Anal incontinence (theory only, no surgical exposure)

B-NEURO UROLOGY

- Management of bladder dysfunction of spinal cord injury and other causes of neurogenic bladders (MS, Parkinson etc..)

C- VOIDING DYSFUNCTIONS

- Related to BPH and other causes of BOO

Other Specific Objectives:

At the end of the training the fellow will be able to:

- Discuss the history of urogynecology
- Describe epidemiological issues on urogynecologic topics in North America
- Choose the best QoL instrument and criticize the literature regarding quality of life assessment in UI
- Classify voiding dysfunction
- Describe basic embryology of bladder and urethra
- Review and criticize the drugs used for treatment of bladder dysfunction in men and women
- Perform and analyse voiding diaries
- Perform and analyse a pad test
- Perform and analyse a urodynamic and video-urodynamic test
- Analyze and criticize a nerve conduction test
- Perform and interpret a voiding cystogram, an IVP, a pelvic floor MRI, transvaginal and trans rectal US
- Perform and comment on a cystoscopy
- Describe, criticize, and set-up a plan of treatment using behavioural therapy and physiotherapy in the treatment of UI
- Comment on prevention of incontinence and prolapse
- Analyze the basis for a good clinical research practice
- Describe and apply the most common statistical tests.

Specific surgical objectives (in italic for 2 years fellowship)

At the end of the training the fellow will be able to build upon his skills to perform:

- Intra urethral and intra vesical injection therapy
- Vaginal approaches for the treatment of SUI
- Retro pubic cystourethropexies
- Sling procedures (organic and artificial)
- Artificial urinary sphincters and slings in males -
- Electrical implant for the treatment of voiding dysfunction
- *Complex reconstructive urological surgery* -
- *Bladder augmentations*

- *Neobladders and continent diversions*
- *ileal conduits* -
- *urethroplasties for male urethral diverticulum* -

And to discuss the effects of pelvic surgery on the lower urinary tract
In order to reach these objectives, the fellow will have access to:

- Dr. Corcos ,Dr Walter Dr Carrier and Dr. Lemieux's teaching (one by one teaching on a daily basis) at the clinic, the wards, the cystoscopy suites, the urodynamic lab, and the operating room at the JGH and the MGH
- The radiology department at the JGH and MGH for MRI, transvaginal US, obstetrical US
- Private physiotherapy clinics (if necessary)
- The neuro-urology clinics at the Institut de Réadaptation de Montréal
- The department and McGill libraries -
- Any other opportunities considered as useful by the fellowship directors

Evaluation of performance:

Fellows must receive a formal [i.e. written] evaluation after 8 weeks (2 blocks) on a rotation. If a resident is doing a 4 block rotation, this means the Fellow will receive 2 formal evaluations, each bearing a Global Evaluation. Each evaluation will cover an 8 week period, and each is considered separate for promotions rules. If a Fellow is doing a 3 block rotation, the Fellow will receive 2 formal evaluations – one after 8 weeks, the second after 4 weeks. Each of these evaluations will be considered separate for promotions rules.”