

Fellowship in Minimally Invasive Gynecologic Surgery (MIGS)

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Length: 2 years integrated clinical and research Fellowship

Number of Position: 1 fellow every two years

Funding: Remuneration according to the Fédération des Médecins Résidents du Québec, or external funding secured by applicant. No internal funding.

Principal Training Site: McGill University Health Centre (MUHC) / Royal Victoria Hospital (RVH)

Affiliated Centres: Ville Marie Surgical Institute, Crowley Medical Clinic

CanSAGE affiliated: Yes

AAGL Affiliated: No

Faculty Members: Dr. Andrew Zakhari, Dr. Dong Bach Nguyen, Dr. Fady Mansour, Dr. Jessica Papillon Smith, Dr. Anita Kuriya, Dr. Srinivasan Krishnamurthy, Dr. Togas Tulandi

Introduction

The McGill Fellowship in MIGS offers a balanced mix of complex gynecologic surgery through all modalities including open, laparoscopic, vaginal, vNOTES and hysteroscopic approaches. Fellows will have the opportunity to develop an expertise in advanced surgical topics such as radical endometriosis surgery (approach to the obliterated cul-de-sac, restoration of anatomy for fertility improvement, bladder endometriosis and bowel endometriosis), retroperitoneal anatomy (including complete ureterolysis from pelvic brim to bladder, identification and preservation of pelvic neuroanatomy, vascular anatomy including isolation and ligation of the anterior division of the internal iliac artery), laparoscopic myomectomy, laparoscopic hysterectomy for large uteri, as well as the surgical management of pelvic infections and invasive placentation (Cesarean-Hysterectomy). Furthermore, fellows are exposed to less common procedures, such as ovarian transposition, laparoscopic and hysteroscopic repair of isthmoceles, transabdominal cervico-isthmus cerclage in the pregnant and non-pregnant patient, as well as surgical management of Cesarean scar ectopic pregnancy, as examples.

The close working relationship with the McGill reproductive centre results in a high volume of hysteroscopic procedures for polypectomy/myomectomy, adhesiolysis (Asherman's syndrome), and septoplasty/metroplasty/isthmus repair. In addition, endometrial resections and ablations are frequently performed for the management of abnormal uterine bleeding (resectoscopic and second generation devices). Fellows will also have the opportunity to gain confidence in urogynaecologic and vaginal surgery, including hysterectomy, A/P repair, mid-urethral sling, colpocleisis, laparoscopic Burch, and sacrocolpopexy. The opportunity to gain experience in colposcopy and ultrasound is also available, should the candidate express an interest.

Finally, our team is also performing VNOTES hysterectomy, setting us apart from many programs in the country, providing a unique exposure to fellows training with us. Similarly, the development of our team's specialized multi-disciplinary surgical and research-based endometriosis referral center, one of the first of its kind, will provide the MIGS fellow with a wealth of knowledge and skills to manage some of the most complex endometriosis cases in a safe, effective and evidence-based manner.

Fellows will have the opportunity to take on more of a junior attending role with the gynecology residents on service, assist in teaching core surgical objectives for both the undergraduate and postgraduate trainees, and participate in didactic lectures, wet and dry labs, as well as simulation sessions. Fellows will have the opportunity to present at Grand Rounds, journal club, and are expected to produce a research project for presentation nationally/internationally and subsequent publication in a peer-reviewed journal. Pursuit of additional higher learning (i.e. Master's degree in education, simulation, quality improvement, health policy, global health, etc.) is encouraged but not required.

Clinical responsibilities and scheduling

Surgical: 3-4 days of OR per week (Main OR, Procedure room, Day surgeries)

Clinical: 1-2 days of clinic per week (including Benign gynecology clinic, Endometriosis clinic, Advanced ultrasound clinic, as well as half day per week of EPRAC)

Academic Days: Approx. 1-2 protected academic days per month (either half or full day increments)

Sample schedule

Monday	Tuesday	Wednesday	Thursday	Friday
AM: Main OR PM: Main OR	AM: EPRAC PM: OR (Procedure Room)	AM: Clinic PM: Main OR	AM: Main OR (Ville-Marie) PM: Main OR (Ville-Marie)	AM: Clinic PM: Academic

Teaching Responsibilities

Fellows are expected to contribute actively to the academic environment and enrich the learning of other trainees through the following:

- Weekly case allocation for trainees on service, with staff oversight
- Overseeing/coordinating weekly gynecology service rounds
- Participation in monthly multi-disciplinary Complex Endometriosis Rounds
- Presenting at resident academic half-day (1-2 times/year)
- Providing FLS coaching to residents (2-3 times/year)
- Participating in residency Cadaveric & Dry labs at the Sim Centre (once/year)
- Participating in Simulation for OBGYN medical students—suturing or pelvic exam station (twice/year)
- Presenting Grand rounds (once/fellowship)
- Attending Gynecology journal club and presenting (1-2 times/year)

Research & Academia

This is an academic program where research is a mandatory part of the education, accounting for approximately 10% of the fellow's duties. Under the supervision of a research mentor, the MIGS fellow will design and execute a research project of their choice. Our institution allows many opportunities for clinical research projects, which can include large database reviews, retrospective chart reviews, prospective trials (including RCTs) and systematic reviews/meta-analyses. Supervision and feedback will be available through the research mentor on a regular basis. Protected academic time will be allocated for activities such as research (1-2 days per month). Fellows can also take a Research Elective during which they will have more time to dedicate to their projects.

Besides clinical research, the fellow can also perform basic science research in the Division of Translational Research in OBGYN under the direction of Dr. Dufort, or epidemiologic research under the direction of Dr. Suarhana. Other possibilities include research in simulation, medical education and global health, all of which are fields that have faculty members capable of supervising the fellow with such areas of interest.

Available resources include access to statistical programs and to online search engines via the McGill VPN (e.g Pubmed, Ovid, WebofScience, etc.). For sophisticated analyses, fellows can consult Dr. Suarhana, who is available to oversee research designs and complex statistics. Our department offices have secured a space for fellows to carry out their personal work.

Fellows are encouraged to take courses that are in line with their career goals and objectives, and to pursue degrees in higher education (Masters, PhD, etc.). These endeavors will be supported over the course of their two-year clinical fellowship, but are not mandatory. Examples of postgraduate degrees include Quality Improvement, Medical Education, Public Health, etc. Examples of postgraduate courses available to fellows through McGill include:

- “Epidemiology: Principles and Methods”
- “Principles of Inferential Statistics”
- Course on Ethics

Minimal research requirements over 2 years:

- At least one submission to a major conference (CanSAGE +/- SOGC, AAGL, ESHRE, SEUD, etc)
- At least one publication in a peer reviewed journal
- Creation of at least one surgical video

Residents are allowed up to 5000\$ of reimbursement annually for conference registration and travelling expenditures.

Call Requirements

During the 2-year program, the fellow will act as a longitudinal gynecology rotation member at the RVH and assist the rotating residents with the management of ER consults and in-patients, and consistently round on post-operative patients in whose care they have participated.

The fellow will take “staff call” at a frequency of one week per month (home call). Residents are usually in-house to complete consults and assess patients on the ward, and will review with the fellow “acting” as staff (keeping in mind that the staff is also always available to supervise and is ultimately responsible). Calls will be scheduled by the fellow at a time that is convenient to them and will overlap with the main program gynecologists. These attendings take gynecology call for one week at a time. Gyne calls at the RVH are not typically busy, with an average of 3-4 surgical cases per week going on after hours. In general, the fellow will also be notified of interesting or atypical surgical cases at all times to maximize their learning opportunities, should they be available to join.

There are no obstetrical call requirements. Moonlighting in OBGYN in Quebec is possible if the fellow has a regular licence (not just a training card) and privileges at a hospital center (usually where they hold a PEM). Fellows are allowed to moonlight within or outside of Quebec, provided it does not interfere with their fellowship training.

Assessment:

Formative feedback will be provided to fellows on a day-to-day basis (e.g. in the OR). Formal written evaluations will occur at an interval of every 3 months and are submitted using McGill’s One45 platform. The fellow will receive an in-person summative evaluation every 6 months, based on expert and non-expert skills (CanMEDS roles). Input will be obtained through direct observations in clinical and surgical settings, presentations at academic half-days and rounds, research progress, and feedback from other healthcare team members (nurses, coordinators, residents), as well review of caselog.

Vacation and conference:

The fellow is entitled annually to:

- 20 vacation days (7 days are transferrable to the following year if unused)
- 7 conference days
- 10 study days
- 9.6 sick days (including 6 personal days)

Caselogs:

Fellows are expected to keep a caselog of all surgeries in which they are involved. This caselog must include:

- Date
- Identifying information
- Procedure
- Indication
- Role (primary surgeon, supervising surgeon, first assist, second assist, observation)
- Level of difficulty and reason

Clinical Objectives:

At the outset of fellowship, candidates are encouraged to introspect and develop individual goals and objectives in line with their strengths, areas in need of improvement, and anticipated future clinical practice.

While the bulk of the two-year program consists in rotating on the Gynecology service at the MUHC, opportunities for elective and selective rotations are available within our center/at outside centers (Four months: e.g. research, ultrasound, chronic pain, colposcopy, gynecology oncology, urogynecology, REI, urology, colorectal surgery, etc.—to be discussed and planned with program co-directors depending on individual needs and interests).

As a CanSAGE-affiliated MIGS fellowship program, we also adhere to the standardized curricular objectives set forth by this Society, and participate in all its teaching activities.

CanMED Objectives:**By the end of fellowship training:**

- **Medical Expert:**
 - Fellows will meet the detailed clinical objectives listed above, providing them with an expertise in minimally invasive gynecologic surgery.
- **Communicator:**
 - Fellows will communicate effectively within a multidisciplinary team, including gynecologists, anesthesiologists, nurses and other healthcare professionals involved in the care of patients undergoing MIGS. Fellows will foster effective communication with

patients, explaining the benefits and risks of MIGS. Finally, fellows will provide clear and concise instructions to patients regarding postoperative care and recovery.

- **Collaborator:**
 - Fellows will collaborate with other healthcare professionals, including gynecologists, anesthesiologists, radiologists, pathologists, fertility specialists, nurses and other allied health members. Fellows will work collaboratively within the surgical team to optimize patient outcomes and minimize complications during MIGS procedures.
- **Leader:**
 - Fellows will take a leadership role in the planning and execution of MIGS. They will provide guidance and mentorship to colleagues and trainees in the use of laparoscopic surgical techniques. Fellows will advocate for the adoption of evidence-based practices and advancements in MIGS within the healthcare setting.
- **Health Advocate:**
 - Fellows will advocate for the availability and accessibility of MIGS as a safe and effective treatment option for eligible patients. They will educate patients and the community about the benefits of MIGS.
- **Scholar:**
 - Fellows will engage in continuous professional development to stay abreast of advancements in MIGS techniques, technologies, and evidence-based practices. Fellows will contribute to research and scholarly activities aimed at advancing the field of MIGS through the dissemination of knowledge, innovation, and best practices.
- **Professional:**
 - Fellows will demonstrate a commitment to patient safety, ethical practice and adherence to professional standards in the provision of MIGS. Fellows will maintain integrity and professionalism in all aspects of clinical practice, including interactions with patients, colleagues and the healthcare team. They will reflect on personal performance and seek opportunities for improvement in the delivery of MIGS.

Fellow Teaching & Reading List:

Both formal and informal teaching will occur during the 2-year MIGS Fellowship. MIGS fellows are expected to attend the following organized academic activities, which are considered protected teaching:

- **Monthly CanSAGE-led teaching:** these sessions usually take place on a Friday from 4-5:30 pm, and will usually take the form of a Virtual surgery or Journal club. MIGS fellows and faculty from across the country will be participating.
- **Monthly AAGL- led teaching:** these sessions usually take place on a Friday from 2-5:00pm, and will usually take the form of didactic teaching. MIGS fellows and faculty from across the country will be participating.
- **Annual in-person CanSAGE Bootcamp:** this usually occurs prior to the CanSAGE Annual Conference in September, and includes a mix of cadaveric and-or pig labs, workshops, didactic teaching and dry labs.

- **Annual virtual CanSAGE Bootcamp:** this usually occurs via Zoom and is held in the Spring. It includes didactic lectures as well as supervised laparoscopic knot-tying and suturing drills.

Fellows are also expected to attend the following organized departmental teaching activities, which are valuable learning opportunities:

- Weekly OBGYN Grand Rounds (Thursday mornings at 7:30 am)
- EndoCARES Multidisciplinary endometriosis rounds (monthly)
- Gynecology service rounds and M&Ms
- Journal club meetings, when they pertain to gynecology (e.g PGME or industry-sponsored)
- Annual McGill OBGYN Symposium (yearly)

For an in-depth list of relevant reading materials for the MIGS fellowship, please refer to the AAGL core reading list and video curriculum.

Eligibility for Training & Application Process

- Proficiency in spoken & written English is necessary. Although speaking French is an asset in Quebec, this is not a program requirement, and will not substantially affect your training experience.
- Our program's mission is to help fellows become *advanced* laparoscopic surgeons— therefore, a **strong minimally-invasive surgical foundation is necessary** when entering our program.
- Any person who obtained their medical degree from a Canadian University *outside of Quebec* AND who graduated from an OBGYN Residency Program *outside of Quebec* is eligible to apply to our program and will be funded by our institution for two years of training.
- Graduates from Quebec Medical schools and/or Quebec OBGYN Residency Programs will be funded by the Quebec Government on a year-to-year basis and are eligible to apply, provided that the candidate has secured a PEM at a Quebec institution outside of the MUHC.
- International Medical Graduates (IMGs) with sponsorship should contact the Postgraduate Medical Education (PGME) Office at McGill University to verify their eligibility to apply to our program. Certain criteria must be met, including a two-year sponsorship by a recognized institution and a diploma from a recognized 5-year OBGYN residency program. Once the PGME office has verified their eligibility, then the graduate will be given permission to apply to our MIGS fellowship program via the CanSAGE matching system (see below).
- **Applications for the above candidates are all managed through the CanSAGE matching system.** Please refer to the following website for requirements & deadlines:
 - o <https://cansage.org/fellowship-match/>
- International Medical Graduates who do not have sponsorship not be able to apply through regular channels (ie. CanSAGE matching system), but *may* be considered on a case-by-case basis following discussion with Program Co-Directors and the McGill PGME office.

- Currently, our program can accommodate one fellow every two years. This ensures the richest and most versatile experience for the fellow, and protects our residents' surgical exposure as well. Therefore, we do not participate in the CanSAGE match on an annual basis.
- Once accepted into our program, our PGME office at McGill will guide fellows in obtaining training cards, applying to provincial regulatory bodies (e.g College des Medecins du Quebec), ~~and so forth~~, to make your transition seamless.

We look forward to meeting you, and for you to become a part of our team!