

McGill University
Department of Ophthalmology and Visual Sciences

Aboriginal Ophthalmic Health, Telemedicine and Medical Quality Improvement
Fellowship Program Description

Fellowship Program Director:	Dr. Christian El-Hadad	
Training Sites:	McGill University Health Center, Montreal, QC	50 %
	Centre de Santé Inuulitsivik, Puvirnituq, QC	25 %
	Tulattavik Health Center, Kuujuaq, QC	25 %
Number of trainees per year:	2	
Duration of the training program:	1 year	

Description of the fellowship program:

The Aboriginal Ophthalmic Health and Medical Quality Improvement fellowship training program provides the necessary clinical and surgical education to develop skills for treating patients in rural and Northern Canadian environments. The program is designed so that these skills can apply to any underprivileged community. The fellow will accompany the preceptors during missions to northern and rural regions of Quebec. Ophthalmic medical and surgical care will be provided to these populations. The fellow will be expected to complete up to 12 week-long missions over the course of the one-year fellowship.

Learning objectives include developing skills to treat and screen patients in a low-resource and under-served patient population, and to develop culturally competent care with a primarily Aboriginal population.

The fellowship's clinical care component will be coupled with participation in, and development of clinical research studies in telemedicine, quality improvement, epidemiology, and public health. Research will be expected to be approximately 50% of their time and will be primarily based at the McGill University Health Center. Research projects that would complement the clinical component of this fellowship would include glaucoma, maculopathy, and diabetic retinopathy screenings that could be applied in this patient population. Telemedicine, rural medicine, and epidemiology and quality improvement would also be research focuses that would be recommended. The fellow will have the opportunity to pursue a master's degree in public health, epidemiology, or quality improvement from these research projects. At the end of the one-year fellowship, the fellow will be expected to complete the American Board of Medical Quality exam to receive their Certification in Medical Quality (CMQ).

The fellow will spend a minimum of 50 % of their time on clinically related patient matters and rural excursions (surgical rounds, clinics, tumor board and operations). The remaining 50 % of their time will be dedicated to research and academic activities.

The fellow will be encouraged to interact with, and to initiate collaborative research involving the McGill Faculty of Medicine's School of Population and Global Health.

The fellow will also be actively involved in teaching and supervising ophthalmology residents along with medical students, clinically and academically allowing them to develop their research, clinical, and operative skills.

Eligibility criteria:

Eligible applicants are Ophthalmologist, certified by a professional association, college or corporation in North America or elsewhere in the world.

Source of funding for fellowship:

For information about acceptable sources of funding please check the following link: <https://www.mcgill.ca/pgme/fellowships/admissions> Funding opportunities can be discussed with selected candidates at the interview stage.

Research and Academic Activity:

Research is mandatory and considered a primary requirement for the fellowship. The research will be conducted under the direct supervision of the preceptor(s), and should be focused on quality improvement, epidemiology, and/or public health in rural ophthalmology. Guidance and allocated time will be provided for research projects. It is expected that the fellow will be the primary author on at least one original research project to be completed during their fellowship. It is expected that this research project will be written and submitted to a peer-reviewed journal. Finally, the fellow will present their research at the annual McGill Ophthalmology Research Day, regional, and national or international conferences.

Length of Educational Program:

The length of the educational program must be 12 full-time months.

Fellow Duties and Responsibilities:

The fellow will not be required to cover call. The fellow is expected to provide remote assistance to family doctors, nurses and administrative staff. However, it will be expected that they will accompany Dr. El-Hadad on his missions to rural regions during their research fellowship. This will provide significant exposure to learn and experience the breadth of ophthalmic presentations of rural and Aboriginal ophthalmology.

Fellow Teaching Responsibilities Towards Residents:

The fellows will provide teaching to the ophthalmology residents and students with respect to patient examination, diagnosis, imaging, and management decisions when in a clinical setting. Assistance in surgical procedures is also expected. Fellows will also participate in didactic teaching to residents during teaching rounds.

Faculty roles:

The fellow will be expected to interact on a regular basis with all the faculty in the Division of Ophthalmology. This will offer the fellow the broadest exposure to the different areas of staff expertise, both in clinical care, clinical research, and teaching.

Curriculum:

The fellow will be expected to spend approximately half of their time in clinical and the other half of their time on research in Aboriginal and rural health. Different assigned readings, from staff (reflecting their areas of expertise), and organizing journal clubs along with academic half day seminars will constitute just some of the learning exercises expected of the fellow. Attendance at ophthalmology meetings offered at both the academic and clinical levels along with paper presentation at local and national conferences will be expected.

At the time of graduation, the trainee will have achieved the following competencies:

1) Professionalism

Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

2) Patient Care and Procedural Skills

a) Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health, particularly in rural and low-resource settings.

i) Fellows must directly evaluate, and provide diagnosis and treatment plans, for patients in the clinics rurally, for a minimum of 6 week-long. The fellow must be able to demonstrate that resources were effectively and efficiently managed in the rural setting, that the differential diagnosis and management were appropriate, ensure proper longitudinal care for patients rurally; and,

ii) Fellows must demonstrate competence in teaching rural and low-resource ophthalmology to ophthalmology residents.

b) Fellows must be able to perform all medical and diagnostic considered essential for comprehensive rural ophthalmology

c) The fellow must adapt National and International screening programs to the need of the local Aboriginal population.

3) Medical Knowledge:

- a) Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care, with a specific focus on rural ophthalmology.
- b) Fellows must demonstrate knowledge of:
 - i) Rural care: a focus on providing high-value patient interactions, as access to ophthalmologists is limited in these regions. A focus on recognizing the limited resources, particularly with respect to access to other health professionals and ophthalmologists, as well as medical and surgical tools is necessary. Managing and ensuring that patient follow up is adequate, maintained either rurally or continued in Montreal is crucial.
 - ii) Methods for Quality Improvement: fellows are expected to accompany trips to rural settings to learn to manage patient care, but to also identify ways to measure and improve patient outcomes in these settings. For this reason, it is crucial that fellows critically appraise the clinic and operating room environments. As well, fellows will be required to recognize how to improve clinic pathways and procedures to ensure that patients are optimally managed in their care and to ensure strong follow up.
- 4) *Practice-based Learning and Improvement:*
Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
- 5) *Interpersonal and Communication Skills:*
Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows will be required to do so while recognizing the need for culturally sensitive care with respect to Aboriginal communities.
- 6) *Systems-based Practice:*
Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. This is of special importance to the rural regions involved, where patients may be marginalized as Aboriginal, rural, and/or possibly low socioeconomic status patients.
- 7) *Collaboration:*
The northern territories are isolated. Inter-professional collaboration is essential to the success of the ophthalmic delivery of care. The collaboration includes but not limited to :
Nurses, administrative staff, optometrists, family doctors, specialists, patient navigators, optometrists and opticians.

Evaluation:

The clinical fellow will receive an evaluation every three months by the fellowship director, who will then submit this evaluation to the residency program director and the residency committee for review. Both clinical performance and scholarly activity will be evaluated.

Summary of Clinical Practice:

The Aboriginal Ophthalmic Health and Medical Quality Improvement fellowship program is based primarily at the McGill University Health Center (both adult and pediatric eye clinics) and rural sites located in Puvirnituq and Kuujjuaq, Quebec. Fellows will spend approximately 50% of their time on clinical pursuits, with missions to rural clinics, ORs and remote clinical support from the MUHC to the northern communities. The remaining 50% of their time will be focused on research on public health, quality improvement, and/or public health research with a focus on rural and Aboriginal ophthalmology.

Fellows will importantly benefit from learning about the Canadian Aboriginal and rural experience in ophthalmology, develop research skills in public health and quality improvement, and develop the skill to practice ophthalmology in low-resource settings. Finally, fellows will become leaders in a rapidly growing sub-focus of ophthalmology and earn their Certification in Medical Quality (CMQ) from the American Board of Medical Quality.

Contact information:

For admissions criteria can be found: <https://www.mcgill.ca/pgme/fellowships/admissions>