

## Advanced GI/MIS Surgery Fellowship Program

*Institution:*

McGill University and affiliated hospitals

*Program Director(s):*

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*Program Duration:*

1 year

*Program Overview:*

The Advanced GI/MIS Surgery Fellowship at McGill University is designed to train surgeons in advanced minimally invasive surgery (MIS). The fellowship aims to produce highly skilled clinical surgeons proficient in teaching, research, and leadership. The program offers broad-based training in complex gastrointestinal and abdominal operations to equip general surgeons to handle advanced and complex cases in various areas of the gastrointestinal tract and abdominal wall. The fellowship is accredited by the Fellowship Council (<https://www.fellowshipcouncil.org/>), and fellows will be expected to meet the requirements for an Advanced GI/MIS Fellowship.

### *Prerequisites:*

Applicants must ensure that they meet the eligibility criteria for postgraduate training in the province of Quebec prior to application (<https://www.mcgill.ca/pgme/admissions/prospective-fellows> ).

- Eligibility: Applicants must have completed a residency in General Surgery and be eligible for certification by the Royal College of Physicians and Surgeons of Canada or equivalent.
- Examinations: Applicants must have passed the USMLE/COMLEX Step 1 & 2 exams OR the Medical Council of Canada Evaluation Exam (MCCEE).
- Licensure: Applicants must meet the requirements of the Collège des médecins du Québec to obtain a training card.
- Application for the fellowship is through the Advanced GI Surgery Fellowship Match ([www.fellowshipcouncil.org](http://www.fellowshipcouncil.org)).

### *Objectives:*

The fellowship provides comprehensive training in advanced MIS techniques, including foregut surgery, abdominal wall surgery, solid organ surgery (including live donor kidney surgery), and minimally invasive approaches to acute care surgery. Fellows may also gain expertise in advanced endoscopic techniques. The fellow will participate in at least 150 advanced cases in areas including bariatrics, advanced minimally invasive surgery, HPB, flexible endoscopy, complex laparoscopic ventral hernia repair, and advanced colorectal surgery.

### *Clinical Training:*

- **Clinical Commitment:** The fellow will have a 75% clinical commitment including clinics, ORs, preoperative and postoperative care, inpatient and outpatient consultations and other relevant clinical duties related to the fellowship at the McGill University Health Centre Hospitals, with potential additional duties at Sir Mortimer B. Davis Jewish General Hospital and St Mary's Hospital.
- **Weekly Clinical Hours:** Fellows are expected to attend to clinical duties up to a maximum of 80 hours per week.
- **On-call Duties:** Fellows are not responsible for providing in-house on-call coverage as part of their program. Fellows may provide ACS service and night call coverage alongside their clinical supervisors. Fellows may be asked to round on the MIS service on weekends and to help out in the event of resident shortages or special events.

*Academic Responsibilities:*

- **Protected Time for Research or other scholarly activities:** 25% will be dedicated to research or other academic activities, with regular reviews to assess progress.
- **Research/Academic Participation:** Fellows who decide to do research are expected to engage in all aspects of their research projects, including planning, coordinating, and implementing studies. They should present their findings at local and international conferences and prepare manuscripts for peer-reviewed publications. Fellows can also decide to do other scholarly work such as curriculum creation, video projects or other educational projects.
- **Teaching:** Fellows will teach and supervise residents as part of the MIS service and may participate in courses and educational events. Attendance at educational activities for the MIS service such as journal clubs and rounds are required. Fellows are expected to take an active leadership role in organizing and supervising the MIS rounds.

### *Core Curriculum:*

The purpose of this section is to define broad learning objectives in an Advanced GI/MIS Surgery fellowship. This curriculum assumes that a qualified surgeon be knowledgeable in the management of GI surgery; therefore, this curriculum will build upon these concepts.

### *Aim:*

To define the knowledge and technical skills required to achieve mastery in Advanced GI and related Surgery.

- Advanced GI Surgery Curriculum for Minimally Invasive Surgery (MIS)

### *Goal of the Fellowship:*

To provide fellows with an immersion in the study and practice of diseases of the GI tract and abdominal cavity, achieving expert status in knowledge and skill-based confidence by the end of the experience.

### *Core Competencies:*

### Patient Care:

- Perform preoperative assessment of patients, understanding management options, indications, contraindications, and complications.
- Order, integrate, and interpret perioperative testing and evaluations.
- Demonstrate intraoperative decision-making that minimizes complications.
- Show knowledge of GI tract and abdominal cavity anatomy, including MIS access.
- Exhibit reasoning to select the correct procedure for a patient.
- Demonstrate expertise in interpreting anatomic and physiologic studies.
- Achieve fundamental MIS competency in areas such as preoperative preparation, exposure, retraction, tissue handling, camera navigation, two-handed manipulation, port-site placement, alternative access techniques, use of angled scopes, FLS completion, vascular control, and intracorporeal and extracorporeal knot-tying.
- Acquire advanced skills in intraoperative ultrasound, suturing, stapling, intracorporeal anastomosis, adhesiolysis, bowel running, knowledge of energy sources, and prosthetic material placement.

#### Medical Knowledge:

- Understand the anatomy, physiology, and pathologic conditions of the GI tract, abdominal cavity, abdominal wall, and solid organs.
- Know surgical and nonsurgical options for managing these conditions.
- Appropriately order, read, and interpret diagnostic tests and images.
- Maintain basic FLS certification and knowledge of relevant journals.

#### Practice-Based Learning and Improvement:

- Stay updated on advances in allied health disciplines.
- Access multiple resources for timely evidence to guide patient care decisions.
- Perform detailed assessments of patient care practices to identify best practices and areas for improvement.
- Participate in journal clubs, M&M conferences, and Grand Rounds.
- Educate and train residents and medical students.
- Seek and accept constructive feedback to develop a plan for filling knowledge or skill gaps.
- Learn basics of practice management, including billing and coding.
- Participate in research as applicable.

#### Interpersonal and Communication Skills:

- Provide concise and accurate communication of clinical information.
- Communicate effectively with patients and families.
- Show a caring attitude towards patients and families.
- Effectively explain diagnoses and management plans.
- Communicate well with physicians and health professionals.
- Maintain comprehensive, timely, and legible medical records.

#### Professionalism:

- Display compassion and respect for all patients.
- Treat all healthcare team members with respect.
- Advocate for patients' needs and desires.
- Take responsibility for timely completion of work and medical records.
- Assist colleagues and demonstrate honesty in interactions.
- Respect patient confidentiality.

### Systems-Based Practice:

- Understand new technologies and their role in patient care.
- Coordinate care utilizing consulting physicians, allied health professionals, and ancillary staff.
- Develop appropriate discharge and disposition plans.
- Communicate discharge plans with referring physicians.
- Practice cost-effective medicine and adhere to institutional policies.
- Understand documentation criteria for different levels of care.
- Recognize the importance of regulatory requirements.

### *Training and Case Requirements:*

- Case Log Minimums:
  - 65 Defined Category MIS Cases:
    - 20 Foregut
    - 25 Bariatric
    - 10 Inguinal Hernia
    - 10 Ventral Hernia
  - Only complex (not basic) MIS cases will count for credit. Complex MIS cases done robotically or with a SILS technique will count for credit; however, basic MIS cases done robotically or via a SILS approach will still

be treated as basic MIS cases. MIS inguinal and ventral hernias are considered complex MIS cases, and there is no limit regarding how many hernia cases may be counted for credit in addition to the defined hernia category minimums.

- All defined category MIS cases must be performed using an MIS approach, and the fellow must serve as either the Primary Surgeon (PS) or Teaching Assistant (TA) for all of these cases.

- 85 Additional Complex MIS Cases:

- Up to 15 complex foregut, bariatric, or hernia cases may be performed using an open approach and will count for credit towards these 85 cases.

- The fellow must serve as either PS or TA in at least 60 of these 85 cases. The fellow may serve as First Assistant (FA) in up to 25 of these 85 cases.

- These 85 cases may consist of any complex MIS case type, including either the defined category case types (foregut, bariatric, or hernia) or other case types (colorectal, hepatobiliary, solid organ, thoracic, etc.).

- 150 Total Complex MIS Cases

- Flexible Endoscopy:

- 50 Upper or Lower Endoscopies

- Can be diagnostic or therapeutic

- Endoscopies performed as part of a logged MIS case (e.g., EGD performed during fundoplication) will count for endoscopy credit.

*Evaluation:*

Quarterly Fellow Assessment:



1. The Quarterly Fellow Assessment Tool is required to be completed once a quarter by the program and should be a composite evaluation of all contributing faculty members. The Program Director should collate the individual faculty evaluations and address any discrepancies or outlying positive or negative ratings or comments in advance of the required quarterly evaluation review with the Fellow for constructive feedback and dialogue.
2. The Quarterly Fellow Assessment tool is based on the ACGME Core Competencies. Program Directors can substitute the Fellowship Council tool in place of any individual institutional evaluation forms.
3. To access the Quarterly Fellow Assessment Tool, log into your account on the Fellowship Council website, and go to the Evaluation Tools section. Print a copy of the tool to review with all contributing faculty members. Complete ONE composite form online per quarter.

#### Intraoperative/Technical Skills Assessment:

1. Each program must submit a minimum of one assessment for each index case based on the program's accreditation designation each quarter, unless they complete a minimum number of EPAs.
2. If a program completes 5 EPAs per quarter (20 per year), no technical skills evaluations are required.
3. Advanced GI programs should select two common index cases their program performs and submit assessments for these each quarter. If a specific case is not performed, select another type and submit assessments for it.

#### Index Cases for Advanced GI MIS:

- Minimally Invasive Fundoplication
- Minimally Invasive Inguinal Hernia Repair

### Scholarly Activity:

- Fellows are required to participate in scholarly activities and complete the Scholarly Activity Form every six months.

### *Facilities and Resources:*

- Research Resources: Access to dry lab, wet lab, clinical research facilities, simulation lab, and video editing suite.
- Support: Administrative support, access to McGill libraries, and resources for conducting research.