



THE MCGILL UNIVERSITY ADVANCED
THORACIC AND UPPER G.I. SURGICAL ONCOLOGY FELLOWSHIP



Name of Institution: McGill University Health Centre
Location: The Montreal General Hospital, Montreal Quebec Canada
Type of Fellowship: 1-year Clinical Fellowship / 1 year Research Fellowship (optional)

Candidates:

Candidates considered for this program must have completed General Surgery, Thoracic Surgery, or Surgical Oncology Training at an accredited program and wish to become academic leaders in Thoracic and Upper G.I. Cancer Surgery.

Application Process:

Applicants interested in pursuing this fellowship must apply through the McGill University Faculty of Post-Graduate Medical Education website: <http://www.mcgill.ca/pgme/admissions/prospective-fellows>

They must also submit a letter of intent, curriculum vitae as well as 3 letters of reference before the appropriate deadlines:

June 1st for a January 1st start date / September 1st for a July 1st start date

Fellowship Information: <https://www.mcgill.ca/thoracic/fellowship>

- **Number of fellowship positions requested:**
2 per year – July admission / January admission
- **Academic affiliation:**
McGill University
- **Background:**

The McGill Division of Thoracic and Upper G.I. Surgery perform approximately 350 lung resections, 70 esophagectomies, and 50 gastrectomies annually. This Division has been privileged to develop an internationally recognized expertise in Thoracic and Upper G.I. Surgery. The division is first and foremost an academic surgical unit, with half of the attending surgeons holding PhDs and all trainees involved in research with approximately 15-20 publications annually.

- **Mission:**

The mission of the fellowship training is to provide the necessary experience in complex thoracic and upper G.I. cancers, and allow the candidate to practice at a consultant level upon completion

of the fellowship. The goal is to launch trainees into a tailored academic practice with a strong foundation for their future clinical and academic careers.

- **Description:**

This fellowship is designed for the aspiring academic surgeon interested in obtaining advanced exposure to the treatment of complex thoracic and upper G.I. cancers. The exposure will include the comprehensive management of patients with lung, mediastinal, and esophageal/gastric malignancies including diagnosis and investigation, adjuvant and neo-adjuvant therapy planning, interventional endoscopy, minimally invasive and open surgery, and palliation of end-stage disease. At the completion of the 1-year advanced fellowship, the successful trainee will be well suited for an independent practice in Thoracic and Upper G.I. cancer surgery. Although there are operating room activities almost every day, it is expected that the trainee spends at least one day in clinic and reserve one academic day every week.

- **Curriculum:**

The curriculum as follows can be adapted to the interests of the individual trainee to increase either lung/mediastinal or Upper GI surgery. The proposed rotational schedule is as follows:

6-months Lung and Mediastinal Oncology Surgery

Procedures:

- Interventional bronchoscopy – EBUS, rigid and flexible debridement/stenting of central airway tumors
- Wedge lung resection – VATS and open
- Anatomic lung resection (segmentectomy, lobectomy, pneumonectomy) – VATS and open
- Mediastinal tumor resection – VATS and open

4-months Upper G.I. Surgery

Procedures:

- Endoscopic resection – endoscopic submucosal dissection
- Endoscopic mucosal resection
- Endoscopic palliation – esophageal stenting
- Gastrectomy – laparoscopic and open
- Esophagectomy – laparoscopic and open

1-month Medical Oncology and Radiation Oncology

1-month Research project

- **Research Activity:**

The candidate will be required to participate in clinical or translational research during his/her 1-year fellowship. It is expected that the trainee will present at least once at an international and/or national meeting, and publish at least one manuscript. To aid in this endeavour, the division has two full time clinical research coordinators and maintains several prospectively entered databases in Thoracic Oncology.

Research Year:

Interested candidates may act either as an independent investigator or under the supervision of a principal investigator.

The fellow will be expected to aggressively participate in the clinical research activities of the Division, with the goal of bringing at least two research projects to presentation/publication. This is expected to be a time that the fellow will become familiar with all aspects of clinical research, including data collection, data analysis, statistics, ethical issues in research, and scientific writing/presentation. His/her presentations and publications will allow him entry into the academic General Thoracic Surgical community in preparation for career-long involvement in clinical research.

The 1 year clinical fellowship duties would be done at the Research Institute of the McGill University Health Centre and candidates would report directly to Dr. Lorenzo Ferri and would work within the Thoracic Surgery Lab however research fellows may be asked to contribute to clinical activities in an ad hoc fashion.

For more information in regards to the Thoracic Surgery Laboratory please visit:

<http://thoracicsurgery.lab.mcgill.ca/>

Thoracic and Upper G.I. Surgery Faculty:

Dr. Jonathan Spicer [Fellowship Director]

Dr. Lorenzo Ferri [Division Head]

Dr. David Mulder

Dr. Christian Sirois

Dr. Carmen Mueller

Dr. Jonathan Cools-Lartigue

Dr. Sara Najmeh

Academic Facilities:

The fellow will have access to a broad range of research facilities for academic pursuits extending from the broad McGill University research network to a comprehensive Thoracic and Upper G.I. Oncology prospectively entered institutional clinical databases and tissue banks. There is a clinical research coordinator with whom the fellow will be heavily involved to assist with ongoing academic projects.

Academic Responsibilities:

From an educational standpoint, the fellow will be expected to prepare and facilitate tumor board rounds for the disease site on which he/she is rotating on a weekly basis. In addition, the fellow will be responsible for coordinating educational activities at our Friday divisional service rounds. The topics will span the breadth of thoracic surgical oncology and will be focused on areas of controversy in the field. In addition, areas of interest as dictated by our active "interesting patient" caseload will be explored. Mortality and morbidity rounds will remain the purview of the Chief Resident rotation on our service.

Furthermore, the fellow will be responsible for coordinating weekly teaching rounds independently with the resident house staff. The topics here will again be generated by case based problems arising from within the patient caseload and areas that are considered to be areas in need of improvement for the residents rotating on the service. The thoracic oncology fellow may be called upon to assist with Academic Half-Day teaching on occasion.

Finally, the fellow will be responsible for coordinating a monthly thoracic oncology journal club. The article to be discussed will be chosen in consultation with the fellowship director and will be chosen to reflect the fellow's specific interests and the areas of focus on which they are rotating.

Fellow Duties/Responsibilities and protection of resident caseloads:

The fellow will share responsibilities with the senior and/or chief resident of the service with regards to on-call. The fellow will be directly supervised by the attending surgeon and will not be the senior supervisor of the senior or chief resident. In this respect, the senior and/or chief resident will continue to be primarily responsible for the conduct of daily rounds and will review patients directly with the appropriate faculty members. The fellow's responsibility is to act as a mentor and consultant to the senior/chief resident and will still be expected to round on a daily basis to assist the house staff team.

From an operative standpoint, the fellow is expected to become a fully independent surgeon for all complex thoracic and upper G.I. cancer cases. While the fellow is welcome to scrub on benign cases, the priority for these cases will be given to residents to continue to assure a high volume of primary surgeon cases for rotating general surgery senior and chief residents.

Evaluations:

The Thoracic and Upper G.I. Surgical Oncology Fellowship Training Program has a comprehensive evaluation system. Evaluations will be performed every two months. All attending physicians are required to evaluate the residents and fellows they are in contact with. These evaluations are summative evaluations addressing both knowledge and practical skills relating to the practice of thoracic and upper G.I. surgical oncology. All evaluations are reviewed with the fellow by the Program Director in consultation with the Training Program Committee. Mechanisms are in place for the assessment of grievances in accordance with guidelines from the McGill Faculty of Medicine. The fellow will be evaluated based on the McGill Faculty of Post-Graduate Medical Education Promotions Guidelines.