

## Clinical Movement Disorders Fellowship (2-year)

### ***Name of institution***

McGill University Health Centre (MUHC)

### ***Primary locations***

Montreal Neurological Institute and Hospital, 3801 Rue University, Montreal, Quebec  
Montreal General Hospital, 1650 Cedar Avenue, Montreal, Quebec

### ***Type of Fellowship***

This is a primarily clinical fellowship with 80% of time dedicated to clinical training and 20% of time dedicated to scholarly or research activities.

### ***Duration***

2 year

### ***Number of positions***

1 fellow

### ***Program director***

Madeleine Sharp MDCM MSc

Assistant Professor, Department of Neurology and Neurosurgery, McGill University

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## Program Information

### ***Mission statement***

To foster evidence-based, comprehensive, and effective diagnosis and management for patients with Parkinson's disease, parkinsonian syndromes and other movement disorders.

To provide training in the use of botulinum toxin for the treatment of dystonia, hemifacial spasm, spasticity and other disorders.

To become familiar with and learn to appraise the movement disorders clinical research literature.

### ***Requirements***

This program accepts applications from specialists who have obtained Royal College of Physician and Surgeons (or equivalent) certifications in Neurology or Geriatric Medicine. The fellowship will be awarded based on the applicant's letter of intent, CV, past performance and online or in-person interview, depending on the circumstances.

### ***Funding***

Candidates must secure funding. Please see opportunities for funding through the MNI here: <https://apps.mni.mcgill.ca/clinicalawards/awards-unlocked.php>. Additional funding opportunities may be available through <https://www.cnsfederation.org>.

### ***Clinical activities (80%)***

- The clinical activities will primarily take place at the multidisciplinary Movement Disorders clinics of the Montreal General Hospital and of the Montreal Neurological Hospital.

- Fellows will work under the supervision of the attending neurologists (Lafontaine, Fon, Dagher, Postuma, Sharp, Huot, Sidel). They will be responsible for evaluating and treating patients with Parkinson's disease, parkinsonian syndromes and other movement disorders. They will also be responsible for working in collaboration with the members of the multidisciplinary team (physiotherapist, occupational therapist, speech and language therapist, social worker, nutritionist, neuropsychiatrist) in addition to the two clinical nurse specialists.
- Clinic attendance is expected to be 3.5 days/week: 2.5 days/week in the general movement disorders clinic (MGH and MNH) and an additional day of the week will be spent evaluating and treating patients with dystonia and gaining expertise in the use of Botulinum toxin.
- The intended percentages of the varieties of cases: 55% Parkinson's disease, 15 % parkinsonism, 30% other movement disorders (Tremor, dystonia, chorea, myoclonus, ataxia)
- Fellows are also expected to be responsible for returning phone calls to patients, and to work in collaboration with the two movement disorder clinical nurses
- In addition, fellows will be expected to complete in-patient consults (MGH or MNH), which occur on average 2-4 times per month.
- There are also possibilities for additional clinical exposure in relevant sub-specialty areas such as neurosurgery, geriatric psychiatry, neurogenetics and cognitive neurology, to be determined on a case-by-case basis based on interest and availability.
- The fellow will also be expected to assist in clinical evaluations as part of ongoing clinical trials.

#### ***Scholarly activities*** (20%)

- Numerous quality improvement and research opportunities exist for fellows interested in pursuing a research career. Such opportunities should be discussed as early as possible to ensure that an adequate project is identified.
- Choice of activity is left to the discretion of the fellow, in conversation with the fellowship director and other faculty. Depending on the choice of activity, a research output (e.g., abstract or manuscript) is not required but is encouraged.
- Fellows who are not pursuing research careers will be encouraged to contribute to: a quality improvement initiative in the clinic, meant to serve as a learning opportunity in preparation for their independent practice, a case report or case series related to their clinical experience, or a knowledge translation activity such as a contribution to a local support group (including MUHC-led groups).
- All fellows will be expected to help plan and contribute to weekly movement disorders rounds, which consist of:
  - Journal Clubs, which occur on average 3 weeks per month. Fellows will be expected to present a minimum of once per month.
  - Rotation of Neuroradiology rounds, Neurogenetics rounds, and Neurosurgery rounds, which occur once per month. Fellows will be expected to help prepare and present cases for these clinical case-based rounds
- All fellows will be expected to make contributions to the resident teaching (minimum 2 hours/year)

#### ***Conference and weekly schedules***

As described above, the fellow is expected to help plan, prepare and attend the weekly Movement Disorder rounds in addition to weekly Neurology Grand Rounds and pertinent Neurology resident teaching and any clinical or research retreats.

### ***Evaluation and feedback***

Fellows will be evaluated quarterly on their performance at both the clinical and scholarly levels. Clinical evaluations and feedback will be provided by the attending movement disorders neurologist (Fon, Lafontaine, Dagher, Postuma, Sharp, Huot, Sidel) and feedback will also be solicited from the other clinicians on the team (RN, SW, OT, PT, SLP). Evaluations will be discussed with Dr. Sharp on a quarterly basis.

### ***Training expectations***

At the end of this fellowship, the fellow is expected to have gained the following competencies:

- **Medical expert:** Demonstrate expertise in the investigation, diagnosis and management of common and rare movement disorders.
- **Communicator:** Establish therapeutic relationship and provide effective and empathetic counseling to patients and families, communicate effectively with other health care professionals, effectively document clinical interactions.
- **Collaborator:** Interact effectively with multidisciplinary team and with community health care teams.
- **Leader:** Effectively use health care resources, effectively manage time.
- **Health advocate:** Recognize and effectively respond to situations which require advocacy on the part of patients with respect to the social, educational, and economic aspects that may adversely impact their health and their access to health care.
- **Scholar:** Demonstrate expertise in appraising the clinical research literature and applying it to clinical practice
- **Professional:** Demonstrate integrity, dependability, and a desire for continuous learning and improvement.

### ***Teaching Faculty***

- **Anne-Louise Lafontaine**  
*Role:* Director Movement Disorders Clinic  
*Major Strengths:* Movement disorders, expertise in botulinum toxin injections clinical trials, epidemiology
- **Ron Postuma**  
*Roles:* Research and clinical  
*Major Strengths:* Clinician-scientist with expertise in Parkinson's disease and prodromal Parkinson's disease, clinical trials
- **Edward Fon**  
*Roles:* Research and clinical  
*Major Strengths:* Clinician-Scientist with expertise in molecular biology of Parkinson's disease
- **Alain Dagher**  
*Roles:* Research and clinical

*Major Strengths:* Clinician-Scientist with expertise in neuroimaging of Parkinson's disease

- **Madeleine Sharp**

*Roles:* Research and Clinical

*Major Strengths:* Clinician-scientist with expertise in Cognitive Neuroscience

- **Philippe Huot**

*Roles:* Research and Clinical

*Major Strengths:* Clinician-scientist with expertise in animal models and pharmacology

- **Michael Sidel**

*Roles:* Clinical, Movement Disorders and General Neurology

*Major Strengths:* Neurologist with expertise in movement disorders, general neurology, botulinum toxin injections