

McGill University Head and Neck Surgery Fellowship
(1 year)

Fellowship Program Director: Dr. Jamie Rappaport, MD,
FRCSC

Fellowship Directors: Dr. Michael Hier, MD, FRCSC, Dr. Alex
Mlynarek, MD, MSc, FRCSC

Teaching Staff: Drs. Martin Black, Richard Payne, Keith
Richardson

There will be a maximum of one available fellowship position per
year.

Preamble

The head and neck oncology service at McGill is divided between the Jewish General Hospital and the McGill University Health Center. The head and neck fellow will spend time both at the Jewish General Hospital and the McGill University Health Centre.

He/she may go to any site as needed for special events. During the fellowship year, the fellow will be accountable to the head and neck fellowship directors.

The fellow is expected to be an asset to the program and become heavily involved in teaching residents and students during all of their daily clinical activities. In addition, the fellow should expect to be involved in teaching in the operating room and to assist residents. The fellow will not compete with residents, but rather will be involved at a level suitable to his/her training. This means more active participation in difficult or revision cases that are unsuitable for chief residents, and more of a teaching role in cases that are in fact suitable for resident training. In addition, the fellow is expected to be actively involved in teaching and role modeling in all of the seven Canmeds roles; medical expert, communicator, collaborator, manager, health advocate, scholar and professional. During the year, the fellow must produce at least one research project that is suitable for presentation either at the Canadian Society of Otolaryngology Annual Meeting or at the American Head and Neck Society Meeting.

These papers will jointly be submitted for publication in the associated journal.

Eligibility Criteria

The trainee must have successfully completed a full specialty program and is a holder of a Specialty Certificate. Applicants must ensure that they meet the eligibility criteria for postgraduate training in the province of Quebec prior to application:

<http://www.mcgill.ca/pgme/admissions/prospective-fellows>

Pedagogical duties

- 1. Academic half day:** The fellow is expected to teach at least 2 ENT resident academic half days. He/she may be requested to provide additional small teaching sessions to the residents as requested.
- 2. Grand rounds:** The fellow is expected to prepare and present a minimum of two grand rounds yearly. In addition, he/she will assist residents in their preparation of grand rounds on head and neck topics.
- 3. Exams:** The head and neck fellow may be requested to actively participate in setting and giving both written and oral examinations and to assist chief residents in their graduating year in exam preparation. This may include the administration of mini-oral exams to the chief residents prior to the Royal College certification examination.
- 4. On-Call:** Fellows will provide back-up call to the residents.
- 5. Vacation/Academic time off:** This may be of a 4-week duration

Clinical duties

- 1. Tumor Boards:** The fellow is expected to participate in the preparation of cases and to present cases as well as assist residents in presenting their own cases. He/She is to play an active role in the discussion. Tumor boards at both sites are multi-disciplinary in nature and involve the surgeons, the radiation oncologists, medical oncologists, nurses, and social workers.
- 2. Ward rounds:** Ward rounds should be completed daily in the morning and in the evening with the residents and should be used as an opportunity for teaching, reviewing problems/complications, and reviewing the care of the patient.
- 3. Emergency room/ward consults:** The fellow shall be actively involved with the residents in all pertinent emergency room and ward consults as they pertain to head and neck surgery. This provides an opportunity for teaching and interacting with the residents in terms of discussing and implementing a treatment plan. These consults should later be reviewed with the appropriate staff.
- 4. Tumor Clinics:** Head and neck oncology clinics are multidisciplinary in nature and provide ample opportunities for collaboration and interaction with colleagues and allied health personnel in other specialty areas. The fellow is expected to be present at the head and neck tumor clinics and to participate in seeing patients and in teaching residents during those clinics.
- 5. Operating Room:** The fellow is expected to be present and to participate in as many head and neck cases as possible. For cases appropriate at a resident level, the fellow will assume more of a teaching and supervisory role while in complex and revision cases, the fellow will be more directly involved. Teaching during surgery includes guidance and instruction as to soft tissue handling, appropriate dissection techniques around vascular and neural structures, instruction of appropriate reconstruction, all in the context of head

and neck oncology. The fellows will be completely supervised by attending staff in the operating room.

6. Minor reconstructive procedures: These are carried out on a weekly basis, and include local and regional flaps and skin graft reconstruction for a variety of facial defects, post-MOHS surgery.

7. Surgical Exposure: The head and neck fellow will be exposed to the full array of head and neck procedures, including: aerodigestive tract surgery, head and neck endocrine surgery, salivary gland surgery, laser surgery of the upper airway, complex head and neck reconstructions and transoral robotic surgery (TORS).

It is mandatory that the fellow keep a complete log of his/her OR Cases

Canmeds roles

1. Medical Expert:

The fellow is expected to have a solid knowledge of basic and clinical sciences as they pertain to otolaryngology in general and the subspecialty of head and neck in particular. He/she shall be actively involved in the teaching of the sciences; that includes performing a history and physical examination, carrying out appropriate diagnostic and therapeutic procedures and ordering appropriate investigations. He/she shall guide and supervise residents as they become medical experts in the field of otolaryngology – head and neck surgery.

2. Communicator:

The role of communicator is essential and the fellow is expected to be a good role model as a communicator and to assist residents in developing and refining their skills as communicators. Throughout training, the role of communicator becomes more complex, particularly when dealing with difficult issues such as palliation and end of life issues.

3. Collaborator:

There is ample opportunity to collaborate during the many multi-disciplinary clinics, in the operating room and on the wards. The fellow is expected to exemplify this role and facilitate interaction between the various disciplines and aid the resident in refining their roles as collaborators,

4. Manager:

The fellow must have a good basic knowledge of the Canadian health care system as to available resources, and costs associated with them. He/she shall direct or assist the residents in understanding the nature of available resources and how they can best be used.

5. Advocate:

The fellow must have a clear understanding of the Canadian health care system, to use it in such a way as to maximally benefit the patient. In addition, the fellow will develop sound knowledge as to health issues particularly as they pertain to head and neck oncology, eg: life style issues such as smoking, alcohol, work exposure, occupational risks, etc. He/she must assist residents to actively seek out pertinent information relevant to these risk factors and offer tools to the patient in order to modify these behaviors or life style choices.

6. Scholar:

Fellows are expected to have acquired a solid background in self-directed learning and critical appraisal of the literature. They must pass on these skills to all residents in the clinical and academic setting. They are expected to be involved in a research project and possibly assist residents who are also involved in research projects.

7. Professional:

Fellows must exemplify the highest standards in terms of professional responsibilities and attitude towards their work. Their approach to staff, colleagues, and allied health care professionals should be courteous, polite and respectful. In the multi-cultural diversity of Montreal, sensitivity for ethnic and cultural differences is crucial in establishing a strong relationship with patients and colleagues. Furthermore, fellows are expected to behave in an ethical manner at all times, both with residents, medical students, staff and colleagues. There is ample opportunity for discussion and teaching of ethics at journal clubs, grand rounds and during all clinical activities.

Completion of Fellowship

At the completion of the fellowship, a detailed case load, summary of research activity and scholarly presentations will be submitted and kept on file in the resident training office. At the year's end, the fellow will receive a certificate from the faculty.

Evaluation Process

- a) The fellow will be evaluated quarterly. A final written evaluation will be submitted to the program director at completion.
- b) Fellows will evaluate the faculty at completion of fellowship.
- c) The RTC will regularly evaluate the curriculum and evaluations of the fellow and make appropriate recommendations and changes.