

## **MUHC Head and Neck Fellowship**

### **Fellowship Co-Directors and Supervisors**

Nader Sadeghi MD, FRCSC, Professor and Chairman of Otolaryngology-Head and Neck Surgery, McGill University

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The fellow will work with all MUHC head and neck surgeons, including Dr Richard Payne, and Dr Alex Mlynarek.

### **Fellowship site**

The head and neck oncology service at the McGill University Health Center is located at the MUHC health complex at the Glen site. The Fellow may go to any site including Montreal Neurological Institute and Jewish General Hospital as need be for special events.

### **General Description**

The fellow is expected to be an asset to the program and become heavily involved in teaching residents and students during all their daily clinical activities. In addition, the fellow should expect to be involved in teaching in the operating room and to assist residents in operating. 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 at the Canadian Society of Otolaryngology Annual Meeting, American Academy of Otolaryngology or another North American meeting.

### **Pedagogical duties**

1. **Academic half day:** The fellow is expected to teach at least 2 of these 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 will assist residents in their preparation of grand rounds on head and neck topics. Grand rounds are held at the Jewish General Hospital in the JGH Block Amphitheatre from.
3. **Journal Clubs.** The fellow is expected not only to attend but to participate actively in the preparation of journal clubs. The fellow will be responsible for the presentation of a minimum of two articles throughout the academic year and will

be involved in helping and assisting junior and senior residents in their preparation for journal club.

4. **Exams:** The head and neck fellow is expected to actively participate in setting and giving both written and oral examinations and shall actively assist chief residents in their graduating year in exam preparation. This may include the administration of mini-oral exams to the chief resident prior to the Royal College certification examination.
5. **Vacation/Academic time off:** This may be of a 4-week duration.

### **Clinical duties**

1. **Tumor Boards:** Tumor board rounds are held at the Royal Victoria Hospital every Thursday from 08:30-10:00 am. The fellow is expected to actively participate in the preparation of cases as well as assist resident in presenting their own cases. He/she is to play an active role in leading the discussion to formulating a treatment plan and to use the opportunity to teach junior residents. Tumor boards are multi-disciplinary in nature and involve the surgeons, the radiation oncologists, medical oncologists, head and neck radiologists, pathologists, nurses, dietitians, social workers and speech-language pathologists.
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 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 an active treatment plan. These consults should be reviewed with the appropriate staff.
4. **Tumor Clinics:** Head and neck oncology clinics are held on Tuesday at the Montreal General Hospital and Wednesdays and Thursdays at the Royal Victoria Hospital. All these clinics are multi-disciplinary 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 for most of the head and neck tumor clinics and to actively participate in seeing patients and in teaching residents during those clinics. This may take the form of in-depth reviews, clinical tests and investigations, scans, operative plans, and so on.
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 take 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 neuro structures, instruction of appropriate reconstruction, all in the context of head and neck oncology. Head and neck cases are generally performed at the Royal Victoria Hospital, but occasionally at the Montreal General Hospital as well.

6. **Minor reconstructive procedures:** These are carried out on a weekly basis at the Royal Victoria Hospital.
7. **On Call duties:** The fellow will be asked to take second call duties as a chief resident.

**It is mandatory that the fellow keep a complete log of his/her cases done in the OR.**

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|                  | <b>RVH</b>   |
| <b>Monday</b>    | Head and Neck Clinic +/- OR                                |
| <b>Tuesday</b>   | +/- <i>OR</i>  |
| <b>Wednesday</b> | <b>OR +/- Thyroid Clinic</b>                               |
| <b>Thursday</b>  | Tumor Board, Tumor Clinic<br>+/- OR<br><i>Grand Rounds</i> |
| <b>Friday</b>    | +/- <i>OR</i>  |

OR= Operating room

**CanMEDS roles:**

**1. Medical Expert:**

The fellow is expected to have a good grounding in 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 include performing a history and physical examination, carrying appropriate diagnostic and therapeutic procedures and ordering appropriate investigations. He/she shall actively 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 good role model as a communicator and to assist resident 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 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 to understand the nature of available resources and how they can best be used. He/she shall also assist to appropriate manage the resident's time and clinical tasks and duties to function with maximum efficiency and effectiveness.

### **5. Health 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 fellowship has a sound knowledge as to health issues particularly as they pertain to head and neck oncology, ex: 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 a 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.

### **Operative Exposure**

The fellow is expected to be exposed to a large variety of ablative and reconstructive head and neck procedures including benign tumors and malignancies, and the range of techniques available in their treatment. These include major head and neck procedures, microvascular free flaps, regional flaps, transoral laser microsurgical procedures (TLM), transoral robotic surgery (TORS), thyroid, and parathyroid surgery. The fellow will participate in the work-up, preoperative preparation, operative procedure, and post-operative care of all head and neck patients. The fellow will participate in at least 200 to 300 head and neck cases annually, involving all head and neck subsites. The Fellow's priority will be to attend surgery.

At the end of the year, the fellow is expected to have the skills to comprehensively manage head and neck patients autonomously.

**Evaluations**

The fellow will be evaluated According to the PGME Guidelines for Evaluation and Promotion:[http://www.medicine.mcgill.ca/postgrad/welcometopostgrad\\_evaluationpromotions.htm](http://www.medicine.mcgill.ca/postgrad/welcometopostgrad_evaluationpromotions.htm)