

Fellowship in Gynecologic Endoscopy
Affiliated with AAGL and The Society of Reproductive Surgeons

2009-2010 FELLOWSHIP PROGRAM

GYNECOLOGIC ONCOLOGY FELLOWSHIP

JAVIER F. MAGRINA, M.D.

Mayo Clinic Arizona
5777 East Mayo Blvd.
Phoenix, AZ 85054
Tel: (480) 342-2668
Fax: (480) 342-2911

E-mail: magrina.Javier@mayo.edu

Web Address: www.mayo.edu

CANDIDATES MUST HAVE HAD FORMAL TRAINING IN GYNECOLOGIC ONCOLOGY OR HAVE A PRACTICE FULLY DEDICATED TO GYNECOLOGIC ONCOLOGY.

1-Year Program

1. Case load – What type and number of cases you can your potential fellow expect to do during his/her preceptorship?

Approximate cases for a one year period

Operative laparoscopy	80
Diagnostic laparoscopy	16
Operative hysteroscopy	0
Diagnostic hysteroscopy	16 - 20
Abdominal hysterectomy	10 - 12
Abdominal myomectomy	8 - 10
Vaginal hysterectomy	40
Vaginal reparative procedures	20 - 25
Incontinence procedures	0
Other:	
Robotic Hysterectomy	40 - 50
Robotic Staging	12 - 15
Other Robotic Surgeries	25 - 30

2. Are any program or faculty changes expected in the next year? **No**
3. Will the fellow receive any didactic teaching? **Yes**
4. Coverage - What will be required of the fellow with regards to night and weekend coverage? Will there be any Ob responsibilities? **Mayo Clinic adheres to the ACGME Duty Hour Rules which limits any trainee to 80 hours / week. Hours are monitored closely, all trainees are required to swipe their time in the morning and then in the evening when they leave. Monthly reports are reviewed to ensure compliance. The fellow has no OB responsibilities.**
5. Research project - How much of the fellow's time will be dedicated to research? **10%**
6. What contract(s) will the fellow be required to sign? **See Attachment 1 - sample appointment letter that is signed by all Mayo Clinic trainees.**

7. What do the fellow's benefit packages consist of? (Stipend; medical insurance; w/wo family; meeting or vacation time, etc.) **See Attachment 2 - Benefit Summary**
8. Moonlighting – Is it permissible and does the opportunity exist? **It is permitted as long as it does not interfere with fellowship. The opportunity may exist outside our institution but it is left up to the fellows to find these opportunities if they are interested in moonlighting. The fellow is required to tell the program director and program coordinator if they plan to moonlight.**
9. Non-compete clause - Will there be a non-compete clause if you want to stay in the same area after finishing your fellowship program? **No**
10. What teaching responsibilities will your fellow have? **The fellow will have the opportunity to participate in the fellowship and department lectures and mentor student/resident rotators through the department.**
11. Malpractice - In addition to your fellow's coverage while in training, please clarify if "tail" insurance is available, the cost, and who will be covering that expense. **During fellowship, Mayo Clinic Arizona provides professional liability insurance to all trainees while they act within the scope and course of her Mayo duties in Mayo healthcare facilities. Coverage is provided on an occurrence basis up to \$1 million. This includes "tail" insurance.**
12. Licensing - Are there any peculiarities that might preclude your fellow from obtaining licensing? How soon must the fellow apply? **Mayo Clinic abides by all state and federal licensure laws. In the State of Arizona they require 3 years of training in a ACGME accredited program, without this training the fellow would not qualify for licensure in the state.**
13. Housing - The cost and availability of appropriate housing: its location near the office/hospital, etc. **Housing is available within 5 minutes of the Phoenix campus. Cost is comparable to other cities of the similar size.**
14. Meeting – Will your fellow be able to attend the AAGL annual meeting and the ASRM Annual meeting? Will funds be there available to support the fellow's attendance? **Fellows will be allowed to attend the AAGL conference as part of the fellowship. Since this is a Gynecologic Oncology Fellowship fellows will not be attending the ASRM Annual Meeting. Mayo Clinic allows one attendance trip for the fellows and will therefore cover the cost of the fellow attending the AAGL conference.**

**Attachment 1
Sample Appointment Letter**



Dear Doctor:

We are pleased you have accepted the position in Mayo School of Graduate Medical Education (MSGME) fellowship training program in Minimally Invasive Surgery – Gynecologic Oncology at Mayo Clinic Arizona at graduate level eight (\$59,702 annually). Your Fellowship training program will begin 06/30/2008 and end 07/01/2011. Continuation and completion of the program depends upon your satisfactory progress in education, performance of all duties, and compliance with MSGME policies.

Your appointment to Mayo School of Graduate Medical Education is contingent upon the following conditions, which must be met before the start of your training program:

1. The following documents and letters must be received by MSGME:
 - Complete official transcripts from all post-secondary educational institutions you have attended:
 - a) Medical school, showing degree granted and date conferred
 - b) Graduate school (if applicable)
 - Direct verification of exam scores in the form of official transcripts from appropriate test administrators (USMLE, NBME, FLEX, LMCC, COMLEX, FMGEMS)
 - A copy of your Medical School Diploma
 - A copy of your residency completion certificate
2. In addition to sending the above materials, you must:
 - Pass a urine drug screen administered by Quest Diagnostics (contact instructions will be sent to you in April 2008);
 - Pass a background check (documents will be sent to you in April 2008);
 - Pass a physical evaluation within Occupational Medicine at Mayo Clinic Arizona (contact information will be sent to you in April 2008); and
 - Provide proof of your legal right to work by bringing documents that establish identity and employment eligibility to the MSGME new resident orientation.
3. Appropriate medical licensure is required with the Arizona Medical Board **before** beginning your training program. Please download the appropriate materials at <http://www.azmd.gov/> . Please complete, sign and return it to MSGME, 13400 E. Shea Blvd., Scottsdale, AZ 85259. **Mayo Clinic will pay the registration and licensure fees.**
4. You are expected to report to MSGME orientation the week of June 30, 2008. Remuneration is provided for attending.

Approximately eight weeks before your training program begins, you will receive information that will prepare you for your move to Arizona and your Mayo Clinic orientation.

Please sign and date the enclosed copy of this letter, complete the resident permit, license application, and the pink post-appointment sheet and return them **within ten days**.

By signing this letter, you accept the appointment to the Mayo School of Graduate Medical Education, and you agree to comply with our policies summarized for your convenience in the enclosed Summary of Resident Policies.

The Mayo School of Graduate Medical Education (MSGME) agrees to abide by the terms of this appointment. The school acknowledges its ethical and legal obligations to fulfill this appointment and support the conditions described in the Summary of Resident Policies.

If you have any questions, please feel free to contact us.

Sincerely,



Mark A. Warner, M.D.
Dean,
Mayo School of Graduate Medical Education

MAW/std

Enclosures:

- Copy of Letter
- Pink Sheet
- Summary of Benefits
- Residency Permit Application
- Arizona Medical License Application
- Summary of Resident Policies
- Resident Job Description

SIGNATURE: _____ DATE: _____

U.S. Social Security Number

**Attachment 2
Summary of Benefits - Mayo Clinic Arizona**

Mayo School of Graduate Medical Education, Graduate School of Medicine & Research Appointees

Medical Plan Options

Eligible Family Members include:

Your spouse/same-gender domestic partner
Your unmarried biological or legally adopted children who are preschool age or full-time students under the age of 30.
Stepchildren/children of same-gender domestic partner must also be financially dependent on you (approval process required)

2006 Monthly Premiums

Mayo Universal

	In Network	Out of Network	Full time Employee
Deductible	None	\$250 per person \$500 per family	\$70.00 single \$210.00 employee + 1 or more
Co-pay	\$0 primary \$25 specialty \$35 urgent care \$45 emergency	N/A	Part time Employee \$70.00 single \$315.00 family
Co-insurance	90/10%	70/30%	
Out-of-pocket Maximum	\$1,000 per person \$2,000 per family	\$2,000 per person \$4,000 per family	

Health Tradition Classic

	In Network (MMSI-AZ)	Out-of-Area (CNN)	Out of Network	Full time Employee
Deductible	\$200 per person \$500 per family	Combined with In-Network	no coverage except in emergency	\$41.00 single \$53.00 employee + 1 \$105.00 employee + 2 or more
Co-pay	\$0 primary \$25 specialty \$35 urgent care \$45 emergency \$200 outpatient/inpatient	N/A	N/A	Part time Employee \$41.00 single \$79.50 employee + 1 \$159.50 employee + 2 or more
Co-insurance	n/a	80%/20%	70/30%	
Out-of-pocket Maximum	\$1,000 per person \$2,000 per family	Combined with In-Network		

Health Tradition Platinum

	In Network (State of AZ)	Out-of-Area (CNN)	Out of Network	Full time Employee
Deductible	\$100 per person \$200 per family	Combined with In-Network	\$250 per person \$500 per person	\$95.00 single \$255.00 employee + 1 or more

Co-pay	\$0 primary \$15 specialty \$35 urgent care \$45 emergency \$100 outpatient/inpatient	N/A	N/A	Part time Employee \$95.00 single \$382.50 employee + 1 or more
Co-insurance	n/a	80%/20%	70%/30%	
Out-of-pocket Maximum	\$1,000 per person \$2,000 per family	Combined with In- Network	\$2,000 per person \$4,000 per family	

Prescription Drug Plan

The prescription drug plan is a coinsurance plan. The coinsurance amount you pay will depend on what pharmacy you use to fill your prescription.

Must be enrolled in a Medical plan.

The Mayo Clinic Formulary is an approved list of drugs recommended for use throughout the Mayo system. It is also used to determine the amount of coverage.

The Mayo Mail Order Service:

Members will pay 20% for a formulary brand name drug, 40% for formulary non-preferred drug, 50% for a drug not listed in the formulary, or \$5 copay for formulary preferred or generic drug.

Mayo Pharmacies:

Members will pay 25% for a formulary brand name drug, 40% for formulary non-preferred drug, 50% for a drug not listed in the formulary, or \$10 copay for formulary preferred or generic drug.

Advance PCS Pharmacy:

Members will pay 35% for a formulary brand name drug, 50% for formulary non-preferred drug, 60% for a drug not listed in the formulary, or \$20% for formulary preferred or generic drug.

Delta Dental Plan of Arizona

(available with Tradition Classic or Health Tradition Platinum only, or if medical coverage is waived)

<p>Dental - up to \$1,000 per member per year for covered dental services Orthodontia - up to 50% coverage per person (\$1,500 per person per lifetime maximum)</p>	<p>Full time Employee \$ 9.00 single \$18.00 employee + 1 or more \$26.00 employee + 1 or more</p> <p>Part time Employee \$ 9.00 single \$27.00 employee + 1 \$39.00 employee + 2 or more</p>
---	---

Dental/Vision Reimbursement Account

<p>Annual Mayo Contribution Covers eligible dental and vision-related expenses</p>	<p>\$1,000 per family-Mayo Universal (or if medical coverage is waived) \$750 per family-Health Tradition Classic/Platinum</p>	<p>No cost</p>
---	--	----------------

Orthodontic Coverage	Up to 50% coverage per person (\$1,500 per person per lifetime maximum)
Balance not used will carry over from year to year to a maximum account level of \$5000.	

Basic Plan Term Life Insurance		
Appointee:	\$50,000 death benefit	\$2.40 single
Family:	\$25,000 death benefit on spouse \$10,000 death benefit on each child	\$3.40 married

Disability Income Insurance	
First 3 months -- full stipend	\$.30 per \$100 of monthly benefit (Salary divided by 12, multiplied by 180%, divided by 100, multiplied by \$.30. Maximum premium is \$13.75)
Thereafter -- 180% of stipend subject to a maximum benefit of \$55,000 per year	

Optional Plan Term Life Insurance (Must be enrolled in the Basic Plan to be eligible)	
Additional \$ 50,000 death benefit on appointee	\$2.40
Additional \$100,000 death benefit on appointee	\$4.80
Additional \$150,000 death benefit on appointee	\$7.20

Accidental Death and Dismemberment Insurance	
\$10,000 to \$225,000 @ .20 per month per \$10,000 Must be purchased in multiples of \$10,000 or \$25,000	Examples of coverage: \$ 50,000 -- \$1.00 \$100,000 -- \$2.00 \$150,000 -- \$3.00 \$225,000 -- \$4.50

Professional Liability Insurance	No Cost
---	----------------

Other Benefits
<p>Flex Spending Accounts (Health-Care and Dependent Care) - must sign-up within 31 days of appointment start date for the current calendar year.</p> <p>Adoption Reimbursement – Covers up to \$10,000 of eligible legal and agency expenses for adoption of a child. Covers up to \$500 for adoption of a stepchild.</p> <p>Auto/Home/Renters, Identity Theft, and Excess Personal Liability Insurance (agent - Hirman Insurers, underwriter - Travelers) 1-800-653-9400</p> <p>403B/Tax Deferred Annuity - Fidelity Investments 1-800-343-0860</p> <p>Long-term Care (CNA) - 1-(888) 653-9400</p> <p>Mayo Employees Federal Credit Union 1-800-535-2129</p> <p>Child care referral service 1-800-535-4599 or 480-829-0500 (www.asccaz.org)</p> <p>Employee Assistance Program (through CONTACT)</p>

Stipends
<p>(Effective date: July 12, 2006; will appear on August 1, 2006 deposit) (Bi-weekly gross pay equals stipend divided by 26.1)</p>

Graduate Level 1 -- \$43,981	Graduate Level 6 -- \$53,953
Graduate Level 2 -- \$45,834	Graduate Level 7 -- \$55,891
Graduate Level 3 -- \$47,694	Graduate Level 8 -- \$57,907
Graduate Level 4 -- \$49,775	Graduate Level 9 -- \$59,918
Graduate Level 5 -- \$51,877	Graduate Level 10-- \$61,931

Stipends

(Effective date: June 27, 2007; will appear on July 17, 2007 deposit)

(Bi-weekly gross pay equals stipend divided by 26.1)

Graduate Level 1 -- \$45,344	Graduate Level 6 -- \$55,626
Graduate Level 2 -- \$47,255	Graduate Level 7 -- \$57,624
Graduate Level 3 -- \$49,173	Graduate Level 8 -- \$59,702
Graduate Level 4 -- \$51,318	Graduate Level 9 -- \$61,775
Graduate Level 5 -- \$53,485	Graduate Level 10-- \$63,851

Human Resources Employee Service Center - 507-266-0440, 1-888-266-0440, or 507-266-0440 (TDD)

Revision date: October 28, 2004 (Mayo Clinic in Arizona)

Related References:	http://mcsweb.mayo.edu/Dept/Human_Resources/

Implementation Date: Longstanding

Last Review Date: June 2005; Revised 4/18/2006

Next Review Date: June 2006

Reviewed By: GMEC

Contact: GMEC Secretary