FELLOWSHIP IN MINIMALLY INVASIVE GYNECOLOGIC SURGERY
Affiliated with AAGL and The Society of Reproductive Surgeons

2009-2010 FELLOWSHIP PROGRAMS

ARNOLD P. ADVINCULA, M.D.
Fellowship Director
Medical Director of Gynecologic Robotics, the Global Robotics Institute of Florida Hospital
Co-director, Minimally Invasive Surgery
Professor of Obstetrics & Gynecology, University of Central Florida College of Medicine
The Center for Specialized Gynecology, University of Central Florida College of Medicine at
Florida Hospital-Celebration Health,
Celebration, Florida

Faculty:
Steven McCarus, MD
Director, Center for Pelvic Health
Co-director, Minimally Invasive Surgery

Aileen Caceres, MD, MPH
Director, Clinical Outcomes & Research

John Kim, MD
Director, Office-Based Surgery Program

Site Visit Scheduled: July 2010
Accredited:

2-Year Program
Description: This is an academic fellowship that incorporates clinical and research responsibilities at Florida Hospital-Celebration Health. The overall goal of the post-graduate training program is to nurture over the course of two years an individual who will graduate with the skills needed to be proficient in advanced gynecologic surgery, particularly minimally invasive surgical techniques and also be able to pursue and succeed in an academic career if desired.

Surgically, the Advanced Gynecologic Surgery Practice is a high volume practice that covers the gamut of advanced hysteroscopic and laparoscopic surgery as well as complex abdominal and vaginal surgery. This experience will be based out of the Center for Pelvic Health which is already a high volume surgical practice prior to the arrival of Dr. Advincula. Dr. Advincula brings to the practice not only a national and international reputation but also over 10 years of academic experience and surgical innovation. Previously, Dr. Advincula established and directed the successful AAGL/SRS fellowship at the University of Michigan.

Clinically, post-graduate trainees will have significant involvement in the CAPPS program (Complex Abdominal Pelvic Pain Syndrome) and the Comprehensive Endometriosis Care Center (scheduled to launch January 2010) in order to gain skills in the management of complex gynecologic conditions such as advanced endometriosis, pelvic adhesive disease and ovarian remnant syndromes. Preceptees can expect to be in the office an average of 2.5 days per week.

The office experience will also include incorporation of fellows into the office-based surgery program which includes both diagnostic as well as operative hysteroscopic capability (global endometrial ablation, sterilization).
A unique feature of this program is preceptee involvement with the Global Robotics Institute (a leading center for the development and practice of robotic surgery) and the incorporation of training and certification in robotics as it applies to specific gynecologic procedures. The institute’s resources include three clinical robotic surgical systems. Fellows will spend on average 2-3 days in surgery per week.

Fellows will have teaching responsibilities as they relate to the training of attending level physicians both in the academic and community settings. Post-graduate trainees will serve as assistant faculty in the many minimally invasive surgical programs conducted at the Nicholson Center for Surgical Advancement (NCSA). The NCSA is a nationally recognized surgical training facility that possesses state-of-the-art surgical and simulation technology (eg. 3 training robots) as well as cadaveric and vivarium facilities. The NCSA will serve as a full access site for fellows to hone their surgical skills outside of the operative theater. Preceptees will have intermittent practice and ER call responsibilities but NO OBSTETRIC DUTIES. Fellows will also be exposed to international travel in order to assist with live surgical demonstrations and therefore must have a current Passport.

Finally, preceptees will have the advantage of being exposed to a wide variety of resources available at the University of Central Florida College of Medicine as research requirements in the areas of complex gynecologic pathology and minimally invasive surgery are pursued. Fellows will have the opportunity to participate in the many ongoing clinical research projects taking place at Florida Hospital-Celebration Health while also formulating new research ideas. The expectation is that these research projects will result in national presentations and peer-reviewed manuscript as protected academic research time is incorporated into the fellowship training program.
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Site Visited: June 26-27, 2008
Accredited: 3 years

Faculty:
Prabhat K. Ahluwalia, M.D. – Gynecologic Endoscopic Specialist
Kenneth D. Graniero, M.D. – General, Thoracic, and Trauma Surgery
Leo Sullivan, M.D. – General, Colorectal, and Trauma Surgery
Robert Fliesher, M.D. – Urology
Anthony Mandour, M.D. – Urology
Bradley Skalar, M.D. - Gastroenterology

2-Year Program

Description of Program:
Over the past several years, physicians have rapidly adopted laparoscopic techniques because of its numerous patient benefits from enhanced precision and safe method of excess. At the same time, patient expectations for short hospital stays, quick recovery time, less pain and reduced risk of complications have also increased. As a result, there is a need to broaden the scope of laparoscopic OB/GYN training to reduce patient dissatisfaction from conversion to traditional open procedure.

The fellow will participate and have extensive hands on experience in complex endoscopic surgical techniques, research, pre-operative work-ups and post-operative follow-ups. In addition, the fellow will have multidisciplinary exposure to specialties such as colorectal endoscopic surgeons performing hand assisted laparoscopic and open bowel resection and repair, thoracic surgeons, and urologic services surgeons performing laparoscopic lung resection, and neisen fundoplication. Complex urodynamic workups will include cystoscopy prior to pelvic reconstruction partial or total, and TVT, TVT-O. Fellow will explore endometriosis treatment in-depth including bowel resections, cystorrhapsy, entereorrhaphy, uretrolysis, and presacral neurectomy. Other hands-on experience will involve TLH, LAVH, myomectomies, adnexal surgeries, and adhesiolysis. Operative hysteroscopy will include use of resectoscope resection and ablation. Fellows will also share knowledge and supervise residents from Albany Medical Center.

This program will expose fellows extensively in gastrointestinal, urologic procedures enabling them to perform endoscopic management of unforeseen challenges and maintain patient satisfaction. Fellow will get in depth experience in performing intraoperative sigmoidoscopy, cystoscopy, retrograde pyelogram, placement and removal of ureteral stents and ureteroscopy and exceed the guide lines for credentialing set forth by the respective boards.
Faculty: Ted L. Anderson, M.D., Ph.D.; Stacey Scheib, MD; Renee Ward, MD; Marta Crispens, MD; and John Lucas, MD

1-Year Program

Description: The fellowship program in Gynecologic Endoscopic Surgery at Vanderbilt University Medical Center is a one-year comprehensive program incorporating clinical, research, and educational activities. The fellow will benefit from a high surgical volume of five active surgeons whose collective focus includes a full spectrum of laparoscopic, hysteroscopic, and minimally invasive procedures including infertility, urogynecology, gynecologic oncology and general gynecology. Exposure to robotically-assisted laparoscopy is an integral component of our fellowship program.

Surgical experience will be obtained at Vanderbilt hospital, a free-standing ambulatory surgical center, and through office-based procedures. The fellow will participate in both resident-based gynecologic clinics and an active private gynecologic consultative service. Teaching activities will include resident instruction in endoscopic technique using an advanced skills laboratory and supervision of basic endoscopic procedures. Participation in departmental grand rounds, didactic educational programs, and weekly conferences is expected. A required research project may take advantage of the many clinical or basic research opportunities ongoing in the division or may be uniquely designed by the fellow with faculty supervision.

Upon completion of this program, the fellow will be competent in a full spectrum of endoscopic surgical techniques and qualified to serve as a consultant in minimally invasive gynecologic surgery in an academic or private setting.
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Site Visit Scheduled: June 2010
Accredited: To Be Provided.

Faculty: To Be Provided.

2-year program

Description: To Be Provided.
MICHAEL S. COLLINS, M.D.
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Site Visit Scheduled: March 2010
Accredited:

Faculty: Chong Chang, M.D. (Gynecology, Urogynecology), Jim Gosewehr, M.D. (Oncology), Lee Mukul, M.D. (Gyn Endoscopy), Duncan Neilson, M.D. (Gynecology), Blake Osmundsen, M.D. (Gynecology, Urogynecology), Scott Rushing, M.D. (Gyn Oncology), Lee Swanstrom, M.D. (General Surgery – Endoscopy), Paul Tseng, M.D. (Gyn Oncology), William Winter, M.D. (Gyn Oncology).

1-Year Program
Description: The fellowship is a one-year comprehensive gynecologic endoscopic program in advanced laparoscopy, hysteroscopy, and robotics. The fellow will operate with key faculty in GYN oncology, urogynecology, and advanced gynecologic endoscopy. Extensive gynecologic training under direct supervision of the program faculty is provided. Gaining proficiency in all advanced gynecologic procedures is expected. These would include LSH, TLH, laparoscopic myomectomy, laparoscopic sacrocolpopexy, suburethral slings, hysteroscopic myomectomy, endometrial ablations, and vaginal mesh procedures. Robotic experience in sacrocolpopexy, myomectomy, and retroperitoneal oncologic staging will be included in the program. Endometriosis, pelvic adhesive disease, and residual ovary surgery are major components of the program. Office experience will include urodynamics, cystoscopy, sonohystograms, office NovaSure, ThermaChoice, and office Essure placement. The GYN minimally invasive surgery fellow will learn all aspects of gynecologic care including preoperative workup, technical aspects of surgical care, and postoperative care with clinic follow-up. The fellow will develop an advanced knowledge of retroperitoneal anatomy including surgical skills for dissection of pelvic vasculature, lymph nodes, and perivesical and perirectal spaces. In addition, the fellow will learn minimally invasive techniques for surgical treatment of pelvic floor prolapse and urinary incontinence.

Rotation with the MIS general surgery faculty is planned. This will allow development of additional skills and understanding of non-Gyn endoscopic surgical procedures.

Fellows will participate in medical student and resident education during rotations. Department educational conferences, M&M conferences and grand rounds will be attended. Animate and inanimate surgical labs are held for skill development.

Research opportunities are available through the Legacy Minimally Invasive Surgery Program. Fellows in bariatric surgery, general surgery, and gynecology are working on ongoing clinical projects.
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Site Visit Scheduled: July 2010
Accredited:

Faculty: Andres E. Castellanos, M.D., Paul G. Curcillo, II, M.D., Nathan L. Guerette, M.D., Jamison S. Jaffe, D.O., Stephanie A. King, M.D., Timothy B. McKinney, M.D., Owen C. Montgomery, M.D., Mark B. Woodland, M.D.

2-year program

Description: To Be Provided.
Faculty: Antonio Gargiulo MD, James A. Greenberg MD, Neeraj Kohli MD, Michael Muto MD, Ginter Sotrel MD

2-Year Program

Description: Brigham and Women’s Hospital is a highly ranked academic teaching hospital affiliated with Harvard Medical School. The Division of Obstetrics and Gynecology currently offers a full range of highly competitive fellowship programs in addition to a very busy resident teaching service. We are in a unique position to offer a strong candidate an opportunity to become proficient in a wide variety of MIGS techniques and to benefit from the large number of educational and research activities offered at our institution.

Our main goal is to graduate a competent MIGS surgeon as well as an academician that is ready to take on a leadership role within the MIGS community. The fellow will rotate with a number of experienced MIGS surgeons at Brigham and Women’s Hospital (BWH) and Faulkner Hospital allowing for exposure to a variety of techniques and procedures throughout the training period. Some of the more commonly performed procedures include TLH, LSH, myomectomy, sacrocolpopexy and surgical treatment of advanced endometriosis. The fellow will also gain experience in robotic surgery, gynecologic oncology procedures and urogynecologic surgery. Members of the division also perform a number of other procedures, such as laparoscopic abdominal cerclage, laparoscopic uterine artery occlusion, laparoscopic presacral neurectomy and a full range of hysteroscopic procedures.

We believe it is very important to further incorporate evidence-based medicine into surgical practice. In an effort to support this concept the MIGS fellow will have an opportunity to obtain a Master of Public Health (MPH) degree through the Harvard School of Public Health (HSPH) Clinical Effectiveness Program. This unique program prepares physicians for clinical research responsibilities and for leadership roles in evaluating and improving all aspects of health care delivery.

There are ample research opportunities within BWH and through Harvard Medical School. The fellow is expected to complete a minimum of two clinical research projects to be presented at national meetings and published in peer-reviewed journals.
DAVID I. EISENSTEIN, M.D.
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Site Visit Scheduled: January 2010
Accredited:  

2-Year Program:

Faculty: David Eisenstein, MD, David Richardson, M.D., Brent Davidson, M.D., Stephan Smietana, M.D.

Description: The proposed fellowship program in Minimally Invasive Gynecology, sponsored by the Department of Women’s Health at the Henry Ford Medical Group, will be an intensive two-year program, enjoining the fellow in the volume and breadth of an expanding gynecologic service of an integrated health service, with academic programs affiliated with two major university programs in South Eastern Michigan. The department consists of 35 senior attending staff, with divisions in minimally invasive gynecology/pelvic pain, uro-gynecology, and oncology. The program will take place at two main Henry Ford Hospitals, the traditional Main Campus and the brand new Bloomfield campus. Both hospitals have the full range of Minimally Invasive services, including robotic, straight laparoscopic, and vaginal surgeries. The service provides training for 3 residents per PGY year (exclusively at Main), as well as rotations for students from Wayne State University and the University of Michigan. The physical plant includes OR’s built for robotic procedures, and one of the newest and largest medical simulation centers in the country, in which the Fellow will both receive and give training.

The fellowship’s clinical material will be dense with minimally invasive hysterectomy, pelvic floor repair and endometriosis. The department has the goal that at least 80% of all hysterectomies performed in our system will be without a laparotomy incision, and that all affiliated senior staff will be laparoscopically competent--as proctored by the minimally invasive faculty--thus the fellow will operate on most or all of these cases being brought into the institution.

The Fellow will attend clinics and surgeries with the uro-gynecology service, where the signature procedures are mesh reinforced pelvic floor repair, and laparoscopic sacro-colpopexy. The fellow will also be exposed to the chronic pelvic pain service, a multi-disciplinary clinic staffed by M.D., psychologists specializing in chronic pain, and physical therapists trained in pelvic floor therapy. Many of our conservative and extirpative procedures for endometriosis will come through this clinic.

The Fellow will become expert in the use of the educational resources in our institution, both in their own training, and in training residents, under the essential philosophy that those that teach must continually pursue knowledge and skill from which to draw. Thus, the fellow will participate fully in the organization and implementation of our curriculum in minimally invasive surgery. The department has committed itself to graduating residents who have competencies in laparoscopic surgery proven both in the lab and in the OR.

The fellow is required to participate in clinical research protocols ongoing in the department, leading to paper submitted to peer-reviewed journal. Current IRB-approved studies include outcome studies on robotic-assisted laparoscopic myomectomy; blood loss at myomectomy; and comparison of different strategies for tissue morcellation; planned are
protocols on use of mesh in pelvic floor repair, and data collection on the impact of simulation training on both residents and senior attendings.

Robotic assisted laparoscopy is also a priority in our program. Henry Ford Hospital is home to one of the largest robotic services in the world for urologic procedures, (to which our fellows are also exposed as part of their training), and the fellowship program will graduate individuals ready to develop robotic programs at their future home institutions.

**Sample of a Weekly Schedule**
- **Monday:** Surgery/Urodynamics/Research
- **Tuesday:** Surgery/Robotics
- **Wednesday:** Surgery/Simulation Center-Education
- **Thursday:** Surgery/Uro-gynecology clinic
- **Friday:** Robotics
JOHN P.A. GEORGE, M.D., F.A.C.O.G.
Director, Gynecologic Endoscopy

ANDREW I. SOKOL, M.D., F.A.C.O.G.
Associate Director, Section of Minimally Invasive Surgery
Division of Female Pelvic Medicine and Reconstructive Surgery

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Site Visited: March 20, 2008
Accredited: 3 years

Faculty: Cheryl B. Iglesia, M.D., Robert E. Gutman, MD

1-Year Program
Description: The one year fellowship is designed to provide advanced didactics, skill and experience to physicians who have completed their residency in Obstetrics and Gynecology and who have a desire to become proficient in Gynecologic Endoscopy.

The fellow will gain experience in the performance of a wide variety of laparoscopic, robotic and hysteroscopic procedures. He/she will also rotate through the Division of Female Pelvic Medicine and Reconstructive Surgery. By the end of the fellowship year, he/she should be able to select, evaluate and counsel patients for advanced laparoscopic, robotic and hysteroscopic surgery. He/she should be knowledgeable regarding the risks, benefits and complications of laparoscopic, robotic and hysteroscopic surgery and should be able to utilize techniques that enhance patient safety in the performance of basic and complex procedures.

The Fellow will attend and also prepare lectures in basic and advanced laparoscopy, robotics, and hysteroscopy. He/she will attend and sponsor skills laboratory exercises in cystoscopy, laparoscopy, and hysteroscopy in a state-of-the-art simulator laboratory. He/she will participate in the evaluation and selection and provide post-operative care to patients for Gyn endoscopic and female pelvic reconstructive surgery. He/she will perform surgery as the first assistant, (and surgeon when appropriate) to patients having Gyn endoscopic and urologic operations.

By working closely with the Director and Associate Director of the program, the fellow is expected to become proficient in the treatment by minimally invasive surgery of conditions such as fibroids, endometriosis, ovarian cysts, and ectopic pregnancy. He/she should be able to perform procedures such as diagnostic and operative hysteroscopy for abnormal uterine bleeding, polyps, submucous fibroids and intrauterine adhesions. He/she is expected to become proficient in
endoscopic suturing to safely and in a timely manner conduct reconstruction of the uterus following laparoscopic myomectomy. He/she should be able to perform all varieties of laparoscopic hysterectomy (LAVH, TLH, LSH, and robotic hysterectomy), treat stage IV endometriosis and select, evaluate and manage patients with adnexal masses by laparoscopy when indicated. He/she should be able to identify and manage complications following hysteroscopy and laparoscopy and obtain the appropriate consultations where indicated.

During the Pelvic Reconstructive Surgery rotation, the fellow should become familiar with the evaluation and management of patients with pelvic floor disorders. He/she will assist in pre-operative assessments, urodynamic testing and pelvic reconstructive surgery.

The fellow will be required to perform research and publish at least one paper on a topic relevant to Gyn endoscopy prior to completion of the fellowship. The ultimate goal of the fellowship is to train academic gynecologists to become expert clinicians and teachers of gynecologic endoscopy.
Facility: Ali Ghomi, MD, Magdi Sayegh, MD, Kent Crickard, MD

1-Year Program

Description: The fellowship is a one-year of training in advanced gynecologic laparoscopy at the Department of Gynecology-Obstetrics, University at Buffalo, The State University of New York. The fellow operates exclusively with the fellowship faculty, 2-3 times per week, at the main teaching hospitals affiliated with the University at Buffalo residency programs in Obstetrics & Gynecology: Women and Children’s Hospital of Buffalo and Sisters of Charity Hospital.

The fellow receives extensive laparoscopic training under the direct supervision of the program director and participating faculty. The fellow can expect to become proficient in laparoscopic suturing and commonly performed advanced laparoscopic cases such as supracervical and total laparoscopic hysterectomy, laparoscopic myomectomy for enlarged intramural fibroid, laparoscopic colpopexy, laparoscopic resection of endometriosis and laparoscopic presacral neurectomy. In addition, training in an academic environment allows the fellow to gain experience with less commonly performed laparoscopic cases such as laparoscopic surgery in pregnancy (i.e., laparoscopic management of adnexal masses and laparoscopic abdominal cerclage), laparoscopic management of pelvic inflammatory disease and tubo-ovarian abscess.

The post-graduate trainee will function as a junior faculty in the department of Gynecology-Obstetrics, University at Buffalo, and has occasional call duties and clinical responsibilities. The fellow is heavily involved in clinical and academic teaching of the residents and medical students. The fellow is responsible for supervising a half-day gynecology referral resident clinic per week. The generated surgical cases are performed by the fellow and the fellowship director. The fellow is therefore expected to gain ample experience and autonomy in pre-operative patient selection, evaluation and work-up.

Research opportunities are readily available within the department. The fellow is allowed to develop his or her area of interest, and is required to complete at least one research project by the completion of the fellowship to be presented at a national meeting.
MICHAEL HIBNER, M.D., PH.D.
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Site Visited:  May 14-15, 2008
Accredited:  2 years
2nd Visit Scheduled  May 2010

Faculty: Michael Hibner, MD, Ph.D., Raymond Shamoss, MD, Ali Borhan, MD, Ketan Patel, MD, Fred Larsen MD, Ivor Benjamin, MD, David Greenspan, MD, Joyce Huang, Ph.D.

2-year Program
Description: The fellowship at St. Joseph’s Hospital and Medical Center in Phoenix Arizona is structured for the applicant entering academic medicine. Our hospital is affiliated with the University of Arizona College of Medicine and Creighton University School of Medicine. The program has a strong emphasis in minimally invasive surgery. Included in the curriculum are rotations in advanced laparoscopic and hysteroscopic surgery, as well as advanced abdominal and vaginal surgery. In addition, fellows will have exposure to the latest advances in robotic surgery. Fellows will be trained in cystoscopy, ureteral stenting, ureteral reimplantation as well as laparoscopic bowel surgery. Surgical experience will be at St Joseph’s Hospital, a freestanding ambulatory surgical center and office-based procedures. Upon graduation, fellows will be qualified to serve as a minimally invasive gynecologic surgery consultant.

Fellows will also have clinical exposure to the chronic pelvic pain clinic at St Joseph’s Hospital where they will be exposed to all areas of pelvic pain, including the diagnosis and treatment of endometriosis, pelvic congestion syndrome, extensive adhesive disease and pudendal neuralgia.

Fellows will rotate with laparoscopic general surgeons and laparoscopic urological surgeons. Fellows will rotate with the Department’s gynecologic ultrasonographer, and will be required to be knowledgeable in diagnostic gynecologic ultrasound and perform procedures, including, ultrasound guided aspirations and biopsies.

Fellow will be encouraged to do one basic science research project under the supervision of Dr Huang (Director of Research), and will be required to do one clinical project under the supervision of the faculty. The clinical project will be presented at AAGL annual meeting.

Fellow will be required to teach Obstetrics and Gynecology residents. Fellow will also be responsible for weekly Gynecologic Surgery conference. Fellow will prepare two Grand Rounds presentations during their Fellowships.

Fellow will be required to present at the annual meeting of AAGL. Alternative SGS (Society of Gynecologic Surgeons), AUGS (American Urogynecological Society) or ACOG presentation will be accepted.

Fellow will attend courses in epidemiology, research design and biostatistics. This will be arranged for by Medical Education Office at St Joseph's Hospital in conjunction with Arizona State University.
1-Year Program:

Faculty: Fred M. Howard, M.D., Jennifer L.B. Droz, M.D.; Joseph J. Scibetta, M.D., Adam Griffin, M.D.

Description: This is a one-year fellowship that incorporates clinical, research, and teaching responsibilities at the University of Rochester School of Medicine and Dentistry, Rochester, New York. For those wishing to pursue an academic career, with the potential of more time for research and academic development, an option for a two-year program is available. The goal of the one-year program is to develop an individual’s skill in complex laparoscopic and hysteroscopic surgery. The program also has a focus on chronic pelvic pain, allowing the development of an area of sub-specialty interest for the graduate of the program.

The Scibetta Fellowship in Advance Laparoscopic Surgery provides the fellow with significant flexibility to develop expertise in minimally invasive surgery. The Fellow operates at least two days per week with Drs. Howard and Droz, who are both full-time faculty at the University, in addition to the option of operating one day per week with Dr. Scibetta, a volunteer faculty and expert gynecologic surgeon (the Fellowship is named in honor of Dr. Scibetta and his contributions to laparoscopic surgery in Rochester). The Fellow will also rotate off-service and interact with our urogynecology service. Robotic surgery is included in the educational experience both with the Fellowship faculty and the Urogynecology faculty. The Fellow will spend on average 2-3 days in surgery per week.

The Fellow gains office and teaching experience by seeing patients in the faculty practice and by supervising residents seeing patients in the Chronic Pelvic Pain Clinic (with supervision by Drs. Howard and Droz). The Fellow spends at least one day per week in the office seeing patients.

The Fellow has teaching responsibilities as they relate to the education of our 32 residents in the clinics, operating room, and perioperative care. The Fellow has an appointment as a Clinical Instructor and serves as a junior attending with intermittent service and call responsibilities.

The Department of Obstetrics and Gynecology is a vibrant and congenial department that affords the Fellow a wide variety of academic, clinical, and social opportunities. It serves as a major tertiary center in Western New York for complex obstetric and gynecologic patients, providing a wealth of potential clinical experiences.

Fellow’s Weekly Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Activities</th>
<th>Time</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Surgery all day with Dr. Howard.</td>
<td>7:30 am to 5:00 pm</td>
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<tr>
<td>Tuesday</td>
<td>Research or Surgery with Dr. Scibetta</td>
<td>8:00 am – 12:00 noon</td>
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<td></td>
<td>Resident Pelvic Pain Clinic – As faculty with Dr. Howard.</td>
<td>1:00 pm to 5:00 pm</td>
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<tr>
<td>Wednesday</td>
<td>Research or Surgery with Dr. Scibetta</td>
<td>1:00 pm to 5:00 pm</td>
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<td></td>
<td>Private Practice – Preceptor: Dr. Howard.</td>
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<tr>
<td>Thursday</td>
<td>Grand Rounds</td>
<td>7:30 - 8:30 am</td>
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<tr>
<td></td>
<td>Surgery with Dr. Droz or Howard</td>
<td>8:30 am to 5 pm</td>
</tr>
<tr>
<td>Friday</td>
<td>Research or Surgery with Dr. Scibetta</td>
<td>1:00 - 5:00 pm</td>
</tr>
<tr>
<td></td>
<td>Private Practice – Preceptor Dr. Droz.</td>
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</tbody>
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Site Visited: February 16, 2005
Accredited: 3 years
2nd Visit Scheduled April 2010

Faculty: Keith Isaacson M.D., Stephanie Morris, M.D. (Associate Fellowship Director), Peter Rosenblatt M.D.; Anthony DiSciullo M.D., Christopher Awtrey, M.D.

Fellowship Coordinator: Kathy Buckley, Tel: (617) 243-6709, Email: kbuckley2@partners.org

One-Year Program

Description: The fellowship program in Gynecologic Endoscopic Surgery is based primarily at Newton-Wellesley Hospital (NWH) where the fellow will participate in clinical, educational, and research activities related to advanced hysteroscopic and laparoscopic surgery. He/she will operate with Drs. Isaacson and Morris (3 days a week) as well as with private practitioners at NWH. Additionally, the fellow will spend at least one operating room day per week with Drs. Rosenblatt and DiSciullo, urogynecologists at Mount Auburn Hospital (MAH). The fellow will also work with Dr. Christopher Awtrey, a gynecologic oncologist.

The fellow will interact with PGY-3 residents from the Massachusetts General Hospital (MGH) and Brigham and Women's Hospital (BWH) Combined Program and will have responsibility for teaching in the skills lab as well as in the operating room. Every five weeks the fellow will precept residents in a live animal lab as well.

Clinical research opportunities are plentiful. The fellow will be involved in CIMIT (Center for Innovative Minimally Invasive Therapy), a conglomerate of Harvard Medical School (HMS), MGH, BWH, NWH, Massachusetts Institute of Technology (MIT), the federal government, and private industry, where there are several active ongoing research programs involving surgical simulation and education, prevention of medical errors, and development of the operating room of the future.

Overall, the goal of the fellowship is to cultivate leaders in minimally invasive gynecology: surgeons with expertise in advanced gynecologic endoscopy and interest in innovation, research, and education.
1-Year Program

Description:
The practice specializes in advanced laparoscopic surgery in the following areas:

- Reproductive microsurgery by laparoscopy including tubal anastomosis, neosalpingostomy, myomectomy, ovarian cystectomy
- Hysteroscopic surgery
- Total laparoscopic hysterectomy including difficult and large uteri; LSH
- Pelvic support procedures including sacrocolpopexy, uterosacral suspension, burch, paravaginal repair etc.
- Advanced endometriosis surgery including enbloc deep and peritoneal resection, bowel, bladder, ureteric resection and anastomosis/repair
- Advanced adhesiolysis, enterolysis, freeing of frozen pelvis

There is opportunity to assist the reproductive urologist and general surgeon in bowel resection procedures. The program looks to train gifted surgeons with an interest in innovation and analysis including publication.
Faculty: Dr. Herb Wong, Dr. Grace Liu, Dr. Romy Nitsch, Dr. J. Bodley, Dr. P. Lee, Dr. K. Lie

1-Year Program

Description: Sunnybrook and Women’s College Health Sciences Centre is a teaching facility that is associated with the University of Toronto. Because our facilities and the number of competent laparoscopic pelvic surgeons, we are able to offer a diverse and intense one year fellowship program. Hopefully, when an individual finishes their fellowship training, they will be able to act as a resource person in their own institution and build up a minimally invasive surgery program. We hope to expose the Fellow to as many difficult cases as possible within a 12-month period with various staff surgeons who are proficient in these procedures themselves. This will enable him or her to rapidly move up along the learning curve with the idea that eventually the fellow will be sufficiently proficient technically to perform procedures with senior residents assisting. We will be able to offer a fellowship that includes advanced laparoscopic surgery in the areas of urogynecology and pelvic reconstruction, endometriosis and infertility, alternatives to hysterectomy (e.g., myomectomy), and bowel surgery.

The typical weekly schedule will consists of the following:
(1) 3-3.5 days in the operating room learning advanced laparoscopic and hysteroscopic surgery.
(2) 0.5-1 day in the REI clinic assessing women with endometriosis, infertility, leiomyomas or in the Urogynecology Unit assessing women with incontinence and/or prolapse. This would include training in transvaginal, transvesical ultrasound, multi-channel urodynamics, cystoscopy and hysteroscopy.
(3) 0.5-1 day of protected time to research. The fellow will be supervised to complete a research project of their choice within the year. The fellow will be able to attend various Clinical Epidemiology and Biostatistics courses held by the University of Toronto throughout the academic year and may enroll in the diploma in Clinical Epidemiology.
(4) 16 hours (8 sessions) spread out over the year will be spent in teaching junior residents in the Surgical Skills Lab on principles of laparoscopic surgery, hysteroscopic surgery, electrosurgery and LASER.

The fellow may be asked to cover sperm wash patients or perform IUI on the occasional weekends when the staff is unavailable. A well, they be expected to cover for patients who may come to ER as a result post operative complications. They are not expected to cover any Obstetrics.

Please note: Attached is a form that is a University of Toronto requirement which essentially means that if the applicant fails to meet the skill level of a Canadian graduate by the end of 4-12 weeks then they will be asked to leave the program. Click here to view the form.
The fellowship at Florida Hospital Orlando is a 2 year training program that focuses on gynecologic minimally invasive surgery and advanced gynecologic disorders. In this structured fellowship program the fellows will attain:

- a broad understanding of advanced gynecologic disorders, especially ones that often end in a surgical intervention
- extensive surgical and clinical expertise that focuses not only on laparoscopic surgery but also on advanced abdominal and vaginal surgery, and office based procedures
- an excellent understanding of research methodology and evidence-based practice principles

As part of a large community based tertiary medical center, the Florida Hospital Department of Obstetrics and Gynecology is a high-volume teaching environment that will provide fellows with wide-ranging gynecologic experience. We perform over 800 benign gynecologic surgeries per year, 75% of these cases are minimally invasive, 15% vaginal and 5% are abdominal. Thus graduating fellows will become proficient in all aspects of gynecologic laparoscopic surgery, including: complicated hysterectomies, pelvic reconstructive surgery, both conservative and definitive surgery for advanced stages of endometriosis, and robotic surgery.

This is a clinically broad fellowship that allows post-graduate trainees to gain expertise in a variety of advanced gynecologic disorders such as chronic pelvic pain disorders (e.g. endometriosis, irritable bowel syndrome, painful bladder syndromes), pelvic organ prolapse and incontinence, vulvovaginal disorders (e.g vestibulitis, vulvar dermatoses, vulvodynia, chronic vaginitis) and much more. Pain management will be taught in closely mentored clinical and didactic settings and will be influenced by relationships with the pain management programs such as the Center for Women’s Pelvic Rehabilitation. Post-graduate trainees will also have the opportunity to rotate through different programs including physical therapy, urogynecology, urology and gastroenterology.

This fellowship will also place emphasis on academics by promoting fellow research, publication and opportunity for direct one-on-one teaching of residents and medical students. Each fellow will be encouraged to complete a research project, present at national meetings (including the American Association of Gynecologic Laparoscopists) and finalize a manuscript for publication by the end of the second year of the fellowship. Fellows will be required to attend regular didactic core lectures which will not only focus on the above clinical topics but will also include specific of lectures on research methodology, publication requirements and obtaining research funding. Overall, each fellow will devote approximately 60% of their time to clinical / surgical duties and 40% to research and teaching projects.

During the second year of their training, fellows will conduct independent clinic and schedule their own surgeries. This will allow fellows to learn the many elements of a successful clinical practice.

Upon completion of this program, fellows will have the skills to enter a career in either academic or private practice. Our goal is to train generations of educators who can excel and become excellent teachers in this field.
Faculty: Ted Lee, M.D., Suketu Mansuria, M.D., Richard Guido, M.D., Joseph Sanfilippo, M.D., Gabriella Gosman, M.D.

2-Year Program

Description: The fellowship at Magee-Womens Hospital/University of Pittsburgh Medical Center is a two-year intense academic training program in gynecologic minimally invasive surgery. The fellow will benefit from the expertise, experience, and surgical volume of five faculty members dedicated to minimally invasive surgery with specialty and fellowship training in REI and MIS. The fellowship was expanded to two years to allow the fellows to obtain a certificate in either clinical research or medical education through University of Pittsburgh’s Institute for Clinical Research Education (http://www.icre.pitt.edu/degrees/degrees.html). With the inclusion of the Certificate Program, the fellows will now have the necessary clinical skills and research training for a productive academic career.

Depending on the fellows’ course work and year of training, their schedule will be variable. Their time will be divided between:

- Office sessions with MIS faculty – The faculty in the MIS program has a large referral practice, and under the guidance of a faculty member, the fellows see new patients referred for surgery. The focus of these office sessions will be on proper pre-operative evaluation and decision-making. At the completion of their training, the fellows will be proficient in: the multi-system approach to the evaluation of chronic pelvic pain/endometriosis, the proper evaluation of pelvic organ prolapse and incontinence, and the minimally invasive management of common gynecologic complaints (i.e. fibroids, adnexal masses, abnormal uterine bleeding).

- Operating Room – The fellows participate in all laparoscopic and hysteroscopic procedures brought to the OR by the faculty of the MIS program. Their primary responsibility is to acquire advanced surgical skills through hands-on experience, and secondarily we expect them to be teachers to the residents in the OR. Over the course of the two years, the fellows will spend on average three days a week in the OR.

- Course Work – 15 credits are required to complete the Certificate Program (http://www.icre.pitt.edu/degrees/degrees.html). The majority of the credits will be obtained in the first two months of fellowship. The remainder is to be completed over the next one to two years based on the track chosen by the fellow. All class time is protected, and the fellows have no clinical responsibilities that will interfere with their course work.
Completion of the master program in clinical research or medical education is optional and can be accomplished with prior approval of the fellowship director.

Academic time – This has been set aside so that the fellows will have protected time to pursue:

- Resident education – the fellows are responsible for the monthly MIS conference (which comprises case presentations, in-depth discussion of various MIS related topics, and surgical tutorials), laparoscopy trainer (we have a dedicated room with multiple laparoscopy trainers which allows the fellows to review basic and advanced skills, such as laparoscopic suturing), and the pig lab (this lab is run once every 5-6 weeks and allows the fellows to review laparoscopic skills in a realistic setting).

- Research – the fellow will have ample opportunities for multiple research projects. Protected research time is granted. Through our association with the Magee-Womens Hospital Research Institute and our extensive patient database, the fellow will be able to design and execute prospective and retrospective trials under the mentorship of the program faculty.

- Independent office sessions – The fellows will see patients independently and with residents in the Minimally Invasive Surgery Clinic. This is an opportunity for the fellows to evaluate and schedule patients for surgery on their own. During the first year of fellowship, a faculty member will staff the fellow’s cases. In the second year, the fellows will have their own block time to perform cases independently with faculty back up. This will be in addition to the time spent in the OR with the MIS faculty, and not as a replacement.

- The fellow will have minimal gynecology call responsibilities but no obstetric responsibilities.

Due to the varied backgrounds of the faculty in the MIS program, fellows will graduate well versed in all of the following procedures:

- Laparoscopy
  - Hysterectomy (total and supracervical)
  - Myomectomy
  - Excision of endometriosis (including radical pelvic sidewall dissections and bowel surgery for the frozen pelvis)
  - Presacral neurectomy
  - Prolapse repair/Pelvic reconstruction (sacralcolpopexy, uterosacral vaginal vault suspension, paravaginal defect repair)
  - Incontinence (Burch retropubic colposuspension)
  - Infertility (fimbrioplasty)
  - Treatment of vaginal agenesis and other Mullerian anomalies

- Hysteroscopy
  - Resection of submucosal fibroids
  - Endometrial Ablation
  - Synechiolysis

Our expectation is that at the completion of the fellowship, the fellow will be an extremely qualified minimally invasive surgeon, and that they will pursue a career in academic medicine and train future generations of pelvic surgeons.
1-Year Program

Description: The Gynecologic Endoscopy Fellowship at the Albert Einstein College of Medicine (AECOM)/ Montefiore Medical Center (MMC) is an academic training program which offers wide exposure to advanced endoscopic surgery and a state-of-the-art minimally invasive surgery facility for research and training.

Fellows will be exposed to a wide variety of experiences during their training. The Department of Obstetrics & Gynecology and Women's Health at AECOM/MMC has one of the largest residency training programs in the United States (36 residents), as well as fellowship programs in every subspecialty of obstetrics and gynecology (ob/gyn). In addition to routine laparoscopic procedures, specialists from each Division will participate in the education of the advanced endoscopic fellow who will have exposure to procedures such as laparoscopic cancer staging and lymph node dissection, TVTs, laparoscopic retropubic procedures and vault suspensions, laparoscopic tubal reanastamosis, and resection of endometriosis. Furthermore, the Department of Surgery, which has its own laparoscopic fellowship, has agreed to allow our fellow to rotate through their Division to be exposed to bowel resections, cholecystectomies and bariatric surgery. Advanced hysteroscopic procedures including myoma resection and endometrial ablations are also routinely performed.

Requirements of the fellowship include successful completion of a biostatistics course and performance of research during protected time that will culminate in publication in a peer-reviewed journal. The advanced endoscopic fellow will play a large role in the teaching of laparoscopic surgery to ob/gyn residents.
Faculty: Dr. Scott Furr (General gynecologist, fellowship trained), Dr. Donald Chamberlain (Gyn. Oncologist)

1-Year Program
Description: This fellowship program has three faculty members, all in private practice with a large volume of laparoscopic and robotic gynecological surgeries (approximately 400-500 major cases per year). Our practice is basically a referral one, therefore, the majority of cases are considered complicated to extremely complicated. We have a state of art endoscopic surgical suite exclusive for our use and we also perform a large number of cases using Da Vinci robot. We work very closely with our urological and general surgical colleagues, hence, we do our own endoscopic bowel, bladder, and ureteral surgery with them. Our outcome of endoscopic bowel and urinary tract surgery has been excellent, our fellows will have an opportunity to rotate through female urology with our urological colleagues and bowel resection with our general surgeons during their fellowship training.

We have had a fellowship program in Advanced Gyn. Endoscopic Surgery since 1997, the oldest continuous Gyn. Endoscopic Fellowship program in the United States. Upon finishing their training, we expect them to be very good in laparoscopic surgical pelvic anatomy, proficient in endoscopic suturing and knot tying, comfortable in identifying and dissecting all major pelvic structures in difficult and complicated cases. They would also know very well how to avoid and manage complications laparoscopically and robotically.

The Fellowship in Advanced Gynecologic Endoscopic Surgery Program at Chattanooga Women’s Laser Center is a one year program. In addition to the formal evaluation conducted by the Board of the Fellowship Program from AAGL/SRS, I also evaluate my fellow’s competence quarterly.

The fellow will be evaluated on the following competencies:

At end of first quarter:
1. Knowledge in abdominal and pelvic anatomy, dynamic pelvic floor supporting system, pelvic bony and ligamental structures, retropubic space anatomy and retroperitoneal avascular spaces.
2. Knowledge in biomechanics of energy sources used in endoscopic surgery, including ultrasound, monopolar and bipolar electrosurgery and laser.
4. Skill in laparoscopic identification and dissection of pelvic ureters.
5. Proficiency in performing hysteroscopic and cystoscopic surgery.
7. Skill in laparoscopic extra-corporal and intra-corporal suturing and tying techniques.
8. Obtain and credentialed for Da Vinci robotic surgery.

At end of second quarter:
1. Proficiency in performing simple total laparoscopic/robotic hysterectomy (TLH) with various energy sources in a limited time frame (within one to one and half hour).
2. Proficiency in performing retroperitoneal dissection of various avascular spaces in the pelvic cavity.
3. Skill in doing transperitoneal and retroperitoneal ureteral dissection.
4. Skill in ligating uterine artery and hypogastric artery retroperitoneally.
5. Proficiency in performing hysteroscopic endometrial ablation and laparoscopic/robotic myomectomy for fibroids less than 6 cm.
6. Skill in performing laparoscopic excision of endometriosis from pelvic sidewalls, cul-de-sac, uterosacral ligaments, broad ligaments, and bladder peritoneum.
7. Proficiency in performing bowel patency test and achieving complete hemostasis at end of laparoscopic/robotic surgery with low pressure underwater examination and micro-bipolar coagulation of bleeders under water.

At end of third quarter:
1. Proficiency in performing total laparoscopic/robotic hysterectomy in moderately complicated cases.
2. Skill in performing hysteroscopic myomectomy and laparoscopic/robotic myomectomy for fibroids larger than 6 cm.
3. Skill in performing laparoscopic morcellation techniques, including using electric morcellators and straight knife morcellation.
4. Skill in using 3D and robotic system to perform moderately difficult laparoscopic surgery.
5. Skill in performing laparoscopic excisional surgery on extensive pelvic endometriosis, including resection of large endometrioma of ovary.
7. Skill in performing retro-pubic dissection and Burch colposuspension.
8. Skill in performing vaginal tension free tape (TVT, TOT) for urinary incontinence.

At end of fourth quarter:
1. Skill in performing total laparoscopic/robotic hysterectomy and laparoscopic myomectomy in large fibroid uteri (more than 20 weeks pregnant size) using technique of laparoscopic assisted mini-laparotomy.
2. Skill in performing laparoscopic/robotic pelvic floor reconstruction including paravaginal suspension, enterocele repair, utero-vaginal/vaginal vault suspension with and without mesh.
4. Proficiency in performing cystoscopic ureteral catheterization and understanding of the principles of laparoscopic ureteral re-anastomosis.
5. Skill in performing difficult laparoscopic/robotic surgery.
Faculty: Anthony A. Luciano, MD; Danielle E. Luciano; Gerard Roy, MD; Christina LaSala, M.D.; Paul Tulikangas, M.D.; Jim Hoffman, M.D.; Xun Clare Zhou, M.D.

2-Year Program

Description of the Center and Faculty:
The Center for Fertility and Women's Health, P.C. is located at The Hospital of Central Connecticut (100 Grand St, New Britain, Ct. 06051). It is staffed by one board certified REI specialists (Anthony a. Luciano, M.D. and a board certified OB/Gyn specialist who completed a 2 year, AAGL/SRS approved Fellowship in Gynecologic Endoscopy, Dr. Danielle E. Luciano, a nurse practitioner, manager, clinical research coordinator, 3 nurses, billing specialist, 2 laboratory technicians, receptionists, and physician assistants.

The practice specializes in infertility, advanced endoscopic surgery, reproductive surgery for endometriosis, fibroids, adhesions, tubal disease and muellerian anomalies, as well as reproductive endocrinology, menopause, osteoporosis and sexual health. The practice is actively involved in clinical research on adhesion prevention, hysteroscopic sterilization, menopausal symptoms and sexual health.

The director of the fellowship program, Dr. Anthony Luciano, is Professor of Obstetrics and Gynecology at the University of Connecticut and Director of the Center for Fertility and Women’s Health. Dr. Anthony A. Luciano, performs 6-8 cases of advanced laparoscopy and hysteroscopy per week. Most cases are referred by gynecologists and primary care physicians, and are usually complicated surgical challenges. Dr. Danielle Luciano, who graduated from a 2 year fellowship in minimally invasive surgery, performs 2-3 endoscopic procedures per week, supervises the residents in obstetrics and gynecology and is actively involved in residents’ and medical students’ education.

The Center for Fertility and Women's Health has a well-established reputation in Connecticut and the North East as a referral center for Infertility and advanced endoscopic gynecologic surgery. During the past 2 years, we have performed well over 500 advanced laparoscopic and hysteroscopic procedures. Each of the examining room is equipped with an ultrasound and every patient undergoes vaginal or abdominal ultrasound to compliment the abdominal/pelvic examination. One of the ultrasound is equipped with contrast fluid technology, which allows us to assess tubal patency for infertility and tubal obstruction following hysteroscopic sterilization.
Dr. Gerard Roy is associate director of the residency program and a proficient gynecologic surgeon in advanced endoscopic surgery. He graduated from our Fellowship program in Gynecologic surgery and is an active teacher of endoscopic surgery for the fellows and residents. He is committed to be a mentor and active faculty member of the fellowship.

Drs. Christina LaSala and Paul Tulikangas are renowned urogynecologists in the department and perform mostly advanced urogynecologic and pelvic reconstructive procedures by laparoscopy and robotics. They have agreed to serve as faculty members for the fellowship and will allow the fellow to spend elective time, 2-4 weeks per year in their division.

Drs Jim Hoffman and Xun Clare Zhou from the division of gynecologic oncology at our institution have agreed to serve as faculty members for the fellowship and will allow the fellow to operate with them and on interesting oncologic cases performed by lapaprotomy, laparoscopy and robotics.

Fellowship 2 Years Curriculum-

The Fellow will work as part of a team with preceptors, residents and medical students. The center has available a laparoscopic training station for trainees to practice endoscopic techniques, suturing etc. Trainee will be responsible for at least 2 lectures to be given to residents on anatomy and endoscopic complications.

Electives - Fellow will rotate at least 2 weeks in the division of urogynecology with Dr. Toulikangas’ group and in the division of gynecologic oncology with Dr. Zhou where she/he will be exposed to robotic surgery and the management of urogynecologic and oncologic dysfunctions.

Dr. Luciano lectures the residents and medical students every Monday from 7:00-8-00 AM on REI and endoscopy topics. Throughout the academic year we cover all aspects of REI and Gynecologic endoscopic surgery, including the physics and applications of power sources, pelvic anatomy as viewed at laparoscopy, laparoscopic complications, etc. The fellow will be attending these lectures and will be responsible for the preparation and deliverance of several of these lectures. Once a month the fellow will participate in the departmental journal club, will attend didactic lectures for residents and fellows every Tuesday and Friday morning (7:00-7:45 am) and departmental grand rounds every Wednesday morning.

The program will provide ample opportunity for clinical experience In the O.R. and clinic, extensive exposure to didactic conferences and case discussions, and opportunity for research. The fellow will be encouraged to attend the Annual AAGL meeting and hopefully will present an abstract/paper or video on minimally invasive surgery. Every year in the spring, the director of the fellowship co-directs a course in GYN Endoscopy for the residents and attendings throughout Connecticut and neighboring states, and the fellow will participate as an attendee and preceptor for the lab session. At the completion of the fellowship training program, the fellow will be well prepared to perform advanced laparoscopic and hysteroscopic surgery in the management of reproductive disorders, including:

- Hysterectomy by laparoscopy and vaginally
- Myomectomy by laparoscopy, hysterectomy and abdominally
- Laparoscopic treatment of advanced endometriosis, including pelvic sidewall dissection, ureterolysis, resection of bowel and bladder endometriosis
- Infertility surgery, (adhesiolysis, fimbrioplasty, tubal anastomosis)
- Presacral neurectomy, uterine suspension, uterosacral plication when indicated.
- Hysteroscopic myomectomy, septolysis, synchiaeolysis, endometrial resection/ablation.
- Burch retropubic colposuspension with urogynecologic service
- Lymph nodes resection and radical hysterectomy by robotics with oncology service

The fellow will be actively involved in clinical research with 2 half days of protected time for data collection, analysis and publications.
Fellow’s Weekly Schedule.

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<th>7:00 am</th>
<th>8:00-12:00</th>
<th>13:00-17:00</th>
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<tr>
<td>Monday</td>
<td>Didactic REI</td>
<td>Research</td>
<td>Office practice</td>
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<tr>
<td>Tuesday</td>
<td>Didactic lecture</td>
<td>Surgery</td>
<td>Surgery</td>
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<tr>
<td>Wednesday</td>
<td>Grand Rounds</td>
<td>Research</td>
<td>Office practice</td>
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<tr>
<td>Thursday</td>
<td>Practice on simulator</td>
<td>Office practice</td>
<td>Office practice</td>
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<tr>
<td>Friday</td>
<td>Didactic</td>
<td>Surgery</td>
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Weekends: The fellow will be on call every third weekend for our patients and for the residents coverage.

The first and second year will be similar in terms of responsibilities and curriculum; except that during the second year, the fellow will be expected to work more independently and with less supervision by the preceptors, and will serve as a teacher for the residents and students during their REI rotation. The fellow will be given the opportunity to develop his/her own research project, which should be well defined by the end of the first 3 months of the fellowship. The project should be completed by the 3rd quarter of the second year. It is anticipated that the research data will be presented at either the AAGL or the ASRM annual meeting or both.

Stipend: The fellow will be paid by the department of Obstetrics and Gynecology with a salary and associated benefits consistent with a PGV trainee for the first year and PGVI for the second year. The medical malpractice will also be paid by the institution with no tail when the fellow completes the training. There will be no non-competitive clause in the contract.

All faculty members of the training program have faculty appointment in the department of Obstetrics and Gynecology at the University of Connecticut. We all carry our own malpractice insurance or are insured by the institution. The fellow’s malpractice insurance is covered by the institution with no tail.
THOMAS L. LYONS, M.D.
Center for Women’s Care and Reproductive Surgery
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Site Visit Scheduled: September 2010
Accredited:  

Faculty: Dr. Tom Lyons - Primary faculty. Dr. Assia Stepanian – primary faculty. Dr. Barry McKernan, Dr. John Miklos, Dr. Robert Moore – Ancillary faculty.

1-Year Program  
Description: This fellowship program focuses on the diagnosis and management of gynecologic disease using the latest in minimally invasive techniques. Pelvic ultrasound is emphasized in diagnosis along with other innovative tools. Laparoscopy and hysteroscopy are the therapeutic options available surgically. The percentage of pathology are as follows: endometriosis 40%, leiomyomata 40%, pelvic floor reconstruction 15%, and oncology 5%. At the end of the program the fellow should be able to perform LAVH, LSH, LH, Lap myomectomy, Lap excision of endometriosis. Lap pelvic floor reconstruction, basic retroperitoneal dissection, hysteroscopic resection/ablation, hysteroscopic myomectomy, and other more basic techniques.

The center performs about 250 minimally invasive major surgical procedures per year and the fellow would be involved in these in addition to seeing a small group or patient on their own. During the year I expect that the fellow will write or participate in 2-3 scholarly papers as well as teaching students and residents that may be visiting in our center. The ancillary faculty members are well known laparoscopic surgeons in the area who may consult on our patients and will be available for educational experiences during the year. This fellowship was the first that was established and accredited by AAGL and for the last 5 years has been successful in training competent gyn endoscopists for work in our communities.
CAMRAN NEZHAT, M.D., F.A.C.O.G., F.A.C.S
Deputy Chief, Dept. of OB/GYN
Clinical Professor of Surgery
Clinical Professor of OB/GYN
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Site Visited: April 30, 2008
Accredited: 3 years

Consultant Surgeons:
RAMIN BEYGUI, M.D., BENJAMIN CHUNG, M.D., HARCHARAN S. GILL, M.D. FACS,
RALPH S. GRECO, M.D. FACS., WM. LEROY HEINRICHIS, M.D, PH.D.,
CEANA H. NEZHAT, M.D., FACOG, FACS, FARR R. NEZHAT, M.D., FACOG, FACS
CHRISTOPHER K. PAYNE, M.D., FACS, ANDREW A. SHELTON, M.D., FACS,
MARK WELTON, M.D., FACS, RICHARD WHYTE, M.D., FACS,
& CHRISTOPHER K. ZARINS, M.D., FACS

1-Year Program
Description: The fellowship is a gynecologic endoscopic fellowship under the direction of Dr. Camran Nezhat along with
other faculties and consultants whom include, Farr Nezhat M.D. FACOG, FACS, Ceana Nezhat M.D., FACOG, FACS,
Ramin Beygui, M.D., FACS, Benjamin Chung, M.D., Wm. LeRoy Heinrichs, M.D, Ph.D, Harcharan S. Gill M.D.
FACS, Ralph S. Greco M.D. FACS, Christopher K. Payne M.D. FACS, Andrew A. Shelton M.D.FACS, Mark Welton
M.D.FACS, Richard Whyte M.D. FACS and Christopher K. Zarins, M.D., FACS. The setting is The Center for Special
Minimally Invasive Surgery, Stanford University Hospital, and Stanford University Medical Media and Information
Technologies (SUMMIT), Palo Alto, CA. The primary training goal is improving patient care and to teach advanced
endoscopic operative skills to individuals who are interested in propagating the field of endoscopic pelvic surgery. A
secondary goal is to contribute new knowledge about learning and teaching with advanced surgical trainers.

The surgical experience includes operative hysteroscopic techniques in dealing with uterine anomalies, intrauterine
fibroids, polyps, septum, tubal obstruction and adhesions, bleeding etc. The laparoscopic training includes understanding
and treating advance endometriosis. This includes ovarian, peritoneal, GI, GU endometriosis and other extra-genital
endometriosis. Role of laparoscopy in hysterectomy will be thoroughly thought. The fellow will also learn the disciplines
of approaching and treating fibroids, infertility pathology, ovarian pathology, and urogynecologic procedures for
incontinence and pelvic reconstruction and also gynecologic oncology. In addition to laparoscopic procedures the fellow
will become proficient in ultrasonography, cystoscopy, stent placement, and proctoscopy. A unique feature of this
program is the availability of laparoscopic and hysteroscopic virtual reality simulators that provide force feedback (haptics), which helps in improving surgical skills and developing teaching skills. Fellows will spend time in the lab to further their training on anesthetized animals.

Research plays a significant role in advancing medicine and improving patient care. Fellows are encouraged to participate in technical innovation for the advancement of minimally invasive surgery and surgical education and training. The fellowship includes both advanced clinical and basic science research opportunities at Clark research center. All fellows are expected to be productively involved in the writing and research experience. These include abstracts, poster presentations, video presentations, journal publications, grants, and experimental designs. This is a 1 to 3 year program. The decision to offer an extension is made at the end of the first year. There are 40 to 50 applicants per year. The applicants are chosen from AAGL/ASRM and direct applicants.

The week is usually organized as one day clinic and 4 days of OR. There are in average 2-3 cases per day. The fellows are required to attend OB/GYN grand rounds on Mondays and General Surgery grand rounds on Tuesdays during the academic calendar. Other educational activities are encouraged out of the medical school and the university.

Fellows have opportunities to rotate through St. Lukes Roosevelt Hospital, New York, NY with Dr. Farr Nezhat and The Nezhat Medical Center P.C., Atlanta, Georgia with Dr. Ceana Nezhat.
CEANA H. NEZHAT, M.D., FACOG, FACS
Director, Atlanta Center for Special Pelvic Surgery and Reproductive Medicine
Nezhat Medical Center
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E-mail: info@nezhat.com

Site Visited: April 4, 2008
Accredited: 4 years

1-Year Program

Description: The fellowship is a one-year program focusing on clinical and research activities under the direction of Dr. Ceana Nezhat. Dr. Nezhat usually operates every morning Monday through Friday and sees patients at the clinic from 12:30 until 5:30 pm. This is a private practice and is mostly referral based. Endometriosis, myoma, infertility, and congenital abnormalities are the focus of surgical cases. Metabolism, and endocrine disorders, menopause, as well as PCOS and recurrent pregnancy loss are covered during the clinic hours. The fellow will be exposed to a wide range of advanced endoscopic procedures, including: operative laparoscopy, hysteroscopy, cystoscopy, and sigmoidoscopy. The fellow will become familiar with multidisciplinary approaches to complicated cases and will have a rotation in urology and colorectal surgery.

In addition to the clinical experience, adequate time and advisement is allotted to research and educational activities. It is recommended for the fellows to participate in the workshops directed by Drs. Nezhat. This can prepare the fellow for operating, lecturing, and instructing in the OR and laboratory settings. The fellow will be expected to produce a variety of teaching and research materials including abstracts, journal articles, book chapters, lectures/presentations, and teaching videos. In the recent past, our fellows have assisted in journal article publications and the production of award winning videos for national meetings. The fellow will also be encouraged to attend national meetings, become active in organizations promoting the advancement of women’s health, and to provide community outreach through teaching locally.
FARR NEZHAT, M.D., F.A.C.O.G., F.A.C.S.
Chief, Gynecologic Minimally Invasive Surgery, Robotics, and Fellowship
Division of Gynecologic Oncology
Department of Obstetrics and Gynecology
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Site Visited:  May 16, 2008
Accredited:   3 years

1- Year Program

Description: The fellowship program in Gynecologic Endoscopic Surgery at St. Luke’s-Roosevelt Hospital Center is a one-year comprehensive program incorporating clinical, research and educational activities. The fellow will acquire skills in advanced hysteroscopic and laparoscopic procedures for benign conditions like fibroids, adnexal mass, endometriosis, DUB, various urogynecologic procedures, etc. A unique feature of this program is not only the incorporation of training in robotics as it applies to specific gynecologic procedures but due to the nature of the practice, the fellow will have exposure to certain gynecological malignancies and opportunity to assist in laparoscopic staging and radical surgery for gynecologic malignancies. The fellow will be encouraged to participate in technical innovation for the advancement of minimally invasive surgery and surgical education and training. The fellow is expected to be productively involved in the academic writing and research experience. These include abstracts, poster presentations, video presentations, journal publications, grants, and experimental designs.

The fellow will participate in the Women’s Gynecologic clinic in consultative service. Teaching activities will include resident instruction in endoscopic techniques using an advanced skills laboratory and supervision of basic endoscopic procedures. Participation in departmental grand rounds, didactic educational programs, and weekly conferences is expected.

Upon completion of this fellowship, the fellow should be able to confidently perform most advanced laparoscopic and hysteroscopic procedures and be eminently qualified to continue to continue on in academic medicine in a supervisory capacity.
2-Year Program

Program Description: The fellowship in Gynecologic Endoscopy at the Indiana University School of Medicine is a two-year comprehensive multidisciplinary program. The goal of the fellowship is to produce a competent, well-rounded, advanced gynecologic endoscopist that may pursue a career in minimally invasive surgery (MIS) in many different capacities. Surgical caseload will run the gamut from office-based hysteroscopy to advanced laparoscopic and robotic surgery. The fellow will work side by side with the MIS faculty in the office and operating room in multiple venues (academia, private practice, county hospital, and VA Medical Center). The fellow will participate in the preoperative, intraoperative, and postoperative care of the patients. The fellow will experience continued ongoing supervision by the MIS faculty during the clinical months with a graduated level of responsibility. Thus, by the completion of the fellowship the fellow will be a competent advanced MIS specialist capable of operating independently and acting in a consultant role.

Fellows will rotate off service three months each year. This will include urogynecology, gynecologic oncology, and general surgery rotations. They will also have the opportunity to train in a state of the art simulation center utilizing virtual reality simulators. Cadaveric dissections as well as three porcine laboratories will be part of the curriculum annually. Teaching responsibilities will include two Grand Rounds presentations, assisting with the weekly gynecologic surgical conference for our forty Ob/Gyn residents, and assisting with the training of private practitioners interested in learning new MIS techniques.

The fellow will have a junior Faculty appointment within the Department of Obstetrics and Gynecology of the Indiana University School of Medicine. They will have 1.5 days per week assigned to outpatient clinic responsibilities of which one half day will be their own continuity clinic. This will alternate weekly between a MIS resident referral clinic at our county hospital and a gynecologic referral clinic at the VA Medical Center. They will have two to three surgery days per week and will be allowed one day per week for research. The remaining half day will be split between didactics and assisting with resident education. There will be two Ob/Gyn night calls per month. Each fellow will be assigned or may choose a research mentor who will directly supervise the fellow’s research project. A presentation at our Resident Research Day and at the annual AAGL or ASRM meeting of the fellows’ research project will be a requirement of the fellowship. Publication will strongly be encouraged.
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Fellowship Director  
Director of Gynecology

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Site Visited:  May 27, 2009  
Accredited: 

Additional Faculty:  William Helm, MD; GYN Oncology, University of Louisville  
Daniel Metzinger, MD; GYN Oncology, University of Louisville  
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Jeffrey Jorden, M.D.; Colorectal Surgery, University of Louisville

2-Year Fellowship Program

Program Description: The fellowship in Gynecologic Endoscopy at the University of Louisville is a two-year academic program. The program incorporates the fellows in both university and private settings where they are involved in direct patient care, resident teaching, and research. The goal is to develop individuals who are not only well trained clinically and academically, but who also can assume prominent positions in endoscopic surgery in university programs, private settings, and national organizations. The fellows will have a broad experience in laparoscopic, hysteroscopic and robotic surgery, including gynecologic oncology, urogynecology and pelvic reconstruction, general surgery, and colorectal surgery.

The fellows will actively participate in the university-based private practices which emphasize the management of abnormal bleeding, endometriosis, pelvic and adnexal masses, and pelvic pain. The fellows also rotate with a very active private practice in operative endoscopy. In addition, the fellows have the opportunity to enhance their gynecologic ultrasound skills with one-on-one instruction with the faculty.

The fellows are designated Instructors in the department and serve as an attending with periodic service and call responsibilities. They share call and consult responsibilities for the Endoscopy Section of the department. They supervise resident clinics on a periodic basis. Fellows attend and work in the cadaver laboratory on a regular basis, learning and teaching pelvic anatomy and various surgical techniques. This experience is an outstanding and unique opportunity. The fellows also assist with the surgical skills laboratory for resident training, developing teaching modules and skill enhancement. Fellows participate in post-graduate courses in anatomy and advanced endoscopy held at the University of Louisville. During their first year, the fellow will attend a biostatistics course that is taught at the University of Louisville. Alternatively, the fellow has the option of completing a two-year Masters of Public Health degree.

The fellows are required to present at one Grand Rounds each year. Fellows will develop advanced presentation skills in Power Point and video production, with the anticipation of submitting videos for competition at major meetings. During the fellowship, the fellow will be expected to complete an independent research project. The design and results are presented at our annual research day. We anticipate the research will be published in a peer-reviewed journal at the culmination of their fellowship.
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Site Visit Scheduled: March 2010  
Accredited:  

2-year program  

Description: This is a 2-year academic fellowship. The post-graduate training program will provide comprehensive and diverse training combining academic and community based training. The goal of the training program is to graduate a surgical specialist ready to provide expert, evidence-based, consultative care in any setting whether academic or community-based.

The University of Tennessee in Memphis is a large program with 40 residents in Obstetrics and Gynecology who receive training at 3 sites including the Regional Medical Center of Memphis, Methodist University Hospital, and Baptist Women’s Hospital. The faculty includes full-time academic and community-based Obstetrician/Gynecologists comprised of generalists and fellowship trained sub-specialists. The fellowship faculty include fellowship trained Laparoscopists, Urogynecologists, Gynecologic Oncologists, Urologists, Colo-rectal surgeons, Reproductive Endocrinologists, and Radiologists many of whom are internationally acknowledged. The curriculum over the 2-year period will include a balance of laparoscopic (including robotics), hysteroscopic, and vaginal surgery.

The fellow will be expected to initiate, present, and publish Gynecologic research relevant to minimally invasive surgery and gynecology. The fellow is expected to present at national meetings. The fellow’s clinical practice will be associated with the Comprehensive Gynecologic Center which includes a Fibroid Center and a program specializing in Endometriosis, Interstitial Cystitis, and Pelvic Pain disorders. The time commitment will be an average of 3 half days per week of office practice some of which will include supervising and seeing consultations in the resident’s clinic. The fellow will be expected to work with the academic faculty as a junior attending in teaching residents and medical students and to develop their skills as a mentor. Call coverage requirements will include occasional in-house calls monthly on labor and delivery.
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Site Visited: April 27, 2009
Accredited: 2 years

1-Year Program
Description: The Fellowship in Gynecologic Endoscopy at Halifax Medical Center is a one year program designed to offer the fellow a comprehensive experience incorporating clinical, educational, and research opportunities. The fellow will work closely with faculty from the departments of gynecology, general surgery, gyn oncology, and urology.

Mornings are reserved for the operating rooms at either of Halifax's two major facilities. Two mornings are earmarked for gynecologic laparoscopy; the most commonly performed procedures are LSH, TLH, and laparoscopic evaluation and treatment of pelvic pain. Two mornings will be used for general surgery experience, typically laparoscopic hernia repair with mesh and bowel procedures. One day will focus on robotic surgery either in the treatment of gynecologic cancer or pelvic prolapse.

The afternoons will typically be a combination of office evaluation and urodymanics/cystoscopy/hysteroscopy clinics. The fellow will supervise a family practice resident gyn clinic at least one afternoon during the week. Medical student teaching and contributions to scheduled didactics are also expected.

Research time is one half day of protected time; the opportunities for clinical research are numerous and members of the faculty are available to assist with the design and logistics of successful investigation.

Although the 2008 position is the first fellowship offered at the Halifax facility, we are confident that we have developed vibrant program that will provide a strong year of surgical training.
2-Year Program

Description: The purpose of this university-based program is to prepare clinicians for careers in academic medicine, with clinical, research, and teaching responsibilities in the areas of minimally invasive gynecologic surgery, and in pelvic pain. We established the first fellowship in the country to offer in depth training in both of these areas. Of the nine graduates of the fellowship to date, seven have remained in academic medicine, and three have obtained NIH grants to support their research.

Surgical experience includes participation in approximately 400 cases annually, including all benign gynecologic problems. Our referral base has been well established for 25 years, and includes the entire range of gynecologic pathology, including vulvar disease, endometriosis of all stages, fibroids, and adhesions. Robotic myomectomy and other robotic surgery started in 2005 and is rapidly growing. Fellows are in the operating room 2 days per week.

Outpatient clinical training includes well-mentored experience in the management of difficult gynecologic disorders, including assessment and management of vulvar and pelvic pain, employing pharmacologic, counseling, and physical therapy approaches predominantly. Fellows have the opportunity to rotate through pain clinics in anesthesia, neurology, gastroenterology, and alternative medicine.

Teaching responsibilities will include regular interaction with residents as well as fellows in other gynecologic subspecialties, and attendance in a weekly journal club. Fellows function as junior attendings in this role.

Fellows will also participate in the Master of Science in Clinical Research (MSCR) offered by the School of Public Health at UNC, one of the top schools of public health in the country. Courses in this program will prepare the fellow for participation in clinical research at a leadership level. Participation in ongoing research in the division, as well as development of a new project, will be part of this educational process, and will lead to national presentations and publication in peer-reviewed journals. For additional information, please look at our website, at www.uncobgyn.org, or call.
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Site Visit Scheduled: May 2010
Accredited:

Faculty: Togas Tulandi, William Buckett, Camille Sylvestre, Michael Dahan, Eric Walter

1-year program with a provision to extend the training for an additional 6 months for research

Description:

The McGill fellowship program of Advanced Gynecologic Endoscopy is designed as a one-year integrated education leading to expertise in advanced laparoscopy and hysteroscopy.

Historically, endoscopic surgery was a major part of the fellowship program in Reproductive Endocrinology and Infertility (REI), where fellows spent one year of surgical rotation. With the emphasis of assisted reproductive technology in the REI program, the rotation of REI fellows in surgery was reduced to 3 months. In addition, some advanced endoscopic operations such as laparoscopic hysterectomy is beyond the educational objectives of REI program. As of 2007, the fellowship program in Advanced Gynecologic Endoscopy stands as a separate entity. Dr. Tulandi who was the program director of REI fellowship until 2007 became the program director of Advanced Gynecologic Endoscopy fellowship.

The program has a high volume of advanced laparoscopy and hysteroscopy surgery including urogynecologic surgery. Dr. Tulandi operates at two McGill University Teaching Hospitals, the Royal Victoria Hospital (RVH) and the Jewish General Hospital, whereas other attending staffs operate mainly at the RVH. There are more than enough materials including for both fellows and residents. Fellows assist surgery in the operating room and gradually conduct advanced laparoscopic or hysteroscopic surgery under supervision. They will increasingly accept full responsibility for any surgical or medical management. The fellows in our program have a rather unique junior faculty like position, which will allow them to teach and augment residents and students experience.

A unique feature of our program is the incorporation of fertility preservation procedures to gynecologic endoscopy. These include laparoscopic ovarian suspension for young women undergoing pelvic radiation, and laparoscopic abdominal cerclage for women who have failed conventional vaginal cerclage. Currently, McGill University is one of a few institutions offering fertility preservation. Fellows will be involved and assist these reproductive operations.

We perform laparoscopic suturing on routine basis; for example suturing for tubal anastomosis, suturing of vaginal vault, and suturing of myomectomy incision. Fellow will perform or assist laparoscopic suturing at least 3 times per week. The program director operates at least two full days per week, the urogynecologist and other staff at least one day per week.

Fellows will become familiar with diagnosis and medical and surgical management of various gynaecologic and reproductive disorders including chronic pelvic pain, endometriosis, abnormal uterine bleeding, and pelvic mass. They
will have an understanding of alternative non-surgical management, when and how to operate. They will learn how to prepare a patient before surgery, and to follow the patient post-operatively. They will learn how to avoid and manage complications. Fellows will have the responsibility of seeing patients in the clinic (at least 3 full day clinic weekly). Fellows are required to keep a logbook of surgical cases and submit it every 3 months.

Fellows take part in teaching of residents, and act as a consultant in the evening or weekends. Although, operating room provides the best teaching environment; if needed McGill University has a state of the art simulation center, where fellows could practice advanced technique such as laparoscopic suturing.

Our program does not tolerate *intimidation, harassment or abuse*. Should it occur, fellow would first discuss the matter with the program director. It will be then reported to the program committee, the postgraduate dean and the chair of the department. Appropriate and swift action will be carried out. This includes creating a special review committee consisting of physicians who are not directly involved with the program, a representative from the sponsoring country (if any), and Director of Professional Services of the hospital if patient is directly or indirectly involved. The committee will investigate all parties involved in the accusation, and make a recommendation to the postgraduate dean. The Associate Dean will relay the recommendation to the program director for appropriate action.
2-year program

Description: This two-year fellowship is located at the Texas Medical Center in Houston, Texas. The main teaching facility will be St. Luke’s Episcopal Hospital with additional opportunity at The Methodist Hospital. In addition to a full range of laparoscopic procedures, there will be a special emphasis on hysteroscopy with extensive office-based procedure experience in diagnostic hysteroscopy, as well as hysteroscopic sterilization and endometrial ablation.

The fellow will have extensive access to robotic surgery at both Methodist and St. Luke's Hospital. The facilities of the Minimally Invasive Surgery Training Center at St. Luke's Hospital will be available to the fellow.

The main surgical preceptors have block operating days so that surgery will occur every day. In addition, the fellow will operate with other surgeons at the Medical Center in general surgery, gynecologic oncology, colorectal surgery and urology who are affiliated with the fellowship program. The upcoming week's schedule will be reviewed by the fellowship director and the fellow assigned to cases that would provide optimal surgical benefit and participation. The fellow will review all patient history and physicals prior to surgery and interview the patient to obtain an independent assessment of the indications for surgery.

The fellow will be involved with training of OB/GYN residents at Baylor College of Medicine, and supervise the resident assigned to the monthly rotation.

Ample protected research time will be provided. The fellow will participate in clinical research and will present at least one paper per year at a national meeting and submit an article to a peer-reviewed journal.