Fellowship in Minimally Invasive Gynecologic Surgery

PROGRAM REQUIREMENTS FOR
FELLOWSHIP IN MINIMALLY INVASIVE GYNECOLOGIC SURGERY

Direct Correspondence To:
6757 Katella Avenue, Cypress, CA 90630-5105, USA
Ph: (800) 554-2245 or (714) 503-6200 * Fax: (714) 503-6202
E-mail: fmigs@aagl.org * Website: www.fmigs.org
Table of Contents

INTRODUCTION .................................................................................. 4

MISSION STATEMENT .......................................................................... 4

GOALS .................................................................................................. 4

FELLOWSHIP TRAINING PROGRAM REQUIREMENTS ....................... 4

FELLOWSHIP DIRECTOR .................................................................... 5

FACULTY ............................................................................................... 6

FACILITIES ........................................................................................... 6

EDUCATIONAL OBJECTIVES ................................................................. 7

CURRICULUM ....................................................................................... 7

SCHEDULE ........................................................................................... 9

RESEARCH ........................................................................................... 9

1. RESEARCH TRAINING .................................................................. 9

2. RESEARCH PROJECTS .................................................................. 9

COMPETENCIES .................................................................................. 10

FELLOWSHIP DATES, LEAVE AND TRANSFER ................................. 10

LEAVE ................................................................................................. 10

TRANSFER POLICY ........................................................................... 11

REQUIREMENTS FOR GRADUATION ............................................... 11

EVALUATIONS .................................................................................... 12

FELLOW EVALUATIONS .................................................................... 12

FORMATIVE EVALUATION ................................................................ 12

FACULTY EVALUATION ..................................................................... 13

PROGRAM EVALUATION .................................................................. 13

INSTITUTIONAL COMMITMENT ......................................................... 13
POLICIES

ANTI-HARASSMENT 14
GRIEVANCES PROCESS 14
DISCIPLINARY ACTION 14
ACCREDITATION OF FELLOWSHIP PROGRAMS 16
DUTY HOURS 16
STIPEND AND BENEFITS 16

APPLICATION PROCESS 17

MATCH 18

FURTHER INFORMATION 18

APPENDIX 1: ANNUAL UPDATE FORM 19
APPENDIX 2: FACULTY EVALUATION OF PROGRAM 20
APPENDIX 3: MIGS REFERENCE MATERIAL 21
APPENDIX 4: SURGICAL COMPETENCY LIST 22
APPENDIX 5: COMPETENCIES 25
REQUIREMENTS FOR A POST-GRADUATE FELLOWSHIP IN THE SUBSPECIALTY AREA OF
MINIMALLY INVASIVE GYNECOLOGIC SURGERY

Introduction
Fellowship Programs in Minimally Invasive Gynecologic Surgery (FMIGS) are intensive two-year training endeavors preparing the graduate for advanced minimally invasive gynecologic surgery (MIGS) expertise. In 2001, the AAGL and the Society for Reproductive Surgeons of the American Society for Reproductive Medicine (SRS-ASRM) collaborated to oversee the formation of the FMIGS training programs with standardized guidelines, curriculum and assessment.

Mission Statement
The mission of the fellowship is to provide a uniform training program for gynecologists who have completed her/his residency in obstetrics and gynecology and desire to acquire additional knowledge and surgical skills in minimally invasive gynecologic surgery (MIGS) so they may: serve as a scholarly and surgical resource for patients and referring physicians; have the ability to care for patients with complex gynecologic surgical disease via minimally invasive techniques; establish sites that will serve a leadership role in advanced endoscopic and reproductive surgery; and further research in minimally invasive gynecologic surgery.

Goals
The overall goal of the fellowship is for the graduate to serve as an independent specialist and consultant in the surgical management and techniques of advanced benign minimally invasive gynecology surpassing competence expected at the end of a categorical residency.

Fellowship Training Program Requirements
The MIGS Fellowship consists of two years of continuous education and training following completion of an obstetrics and gynecology residency. The two years must include formal rotations on MIGS services. A portion of the program should be devoted to clinical or laboratory research and fellows must conduct at least one research project under the guidance of a faculty who can mentor them in basic science or clinical research relevant to minimally invasive gynecology. The FMIGS Board must accredit every program.
**Fellowship Director**

The fellowship director is ultimately responsible for the design and implementation of the fellowship-training program.

There must be a single fellowship director with authority and accountability for the operation of the program. The sponsoring institution (e.g. Designated Institutional Official, department chairperson) and the FMIGS Board must approve the fellowship director.

1. The fellowship director should commit to his/her position for a length of time adequate to maintain continuity of leadership and program stability.

Minimum qualifications of the fellowship director must include all of the following:

1. Surgical training and experience
   a. Documented clinical and scholarly expertise in MIGS.
   b. Educational and administrative experience
   c. Current certification in the specialty by the American Board of Obstetrics and Gynecology or hold an equivalent certificate from the country in which they reside, if applicable,
   d. By 2019, completion of a fellowship in MIGS, Gynecologic Oncology (GO), Female Pelvic Medicine and Reconstructive Surgery (FPMRS) or Reproductive Endocrinology and Infertility (REI) for any new or incoming fellowship director
2. Current medical licensure and appropriate medical staff appointment;
3. A minimum of 4 years’ independent practice post-fellowship experience for new and incoming fellowship directors
4. Directly supervise the appropriate education and mentoring of fellows to ensure that they receive the appropriate clinical instruction and training.
5. Ensure that each fellow in the program undertakes a research project as described below.
6. Evaluate the fellow’s progress using multiple metrics, ideally with input from multiple faculty. Fellowship director should evaluate fellow competencies at least every 6 months, meet directly with the fellow to give feedback, assess progress and goals, document, and submit evaluation as part of the Annual Report (see Appendix 1).
7. File an Annual Report with the FMIGS Board (see Appendix 1).
8. Provide a timely written response within 30 days to all concerns expressed at site visit.

The fellowship director must identify at minimum one Associate Program Director with defined responsibilities that includes acting on behalf of the fellowship director if they are not available. If the fellowship director and Associate Program Director(s) are not able to provide training oversight, it will be the responsibility of the sponsoring institution or department to identify a qualified fellowship director who is available and willing to provide the fellow with the required training. Fellowship programs can identify a maximum of two Associate Program Directors, ideally based at different training sites and serving as the primary liaison for the fellowship program of that site.

**Fellowship Director Changes**

When there is a change in fellowship director, the FMIGS Board will require notification from the outgoing fellowship director and/or sponsoring institution. An application will be required from the incoming director, which must be approved by the Board, ideally within 60 days of application.

**Faculty**

There must be faculty with special interest and expertise related to MIGS that participate in the care of patients and the education of fellows as noted above, ideally this should include a minimum of two faculty that have completed MIS fellowship training or equivalent.

**Facilities**

1. All MIGS fellowships (with the exception of military programs and non-US) must be affiliated with an accredited training program(s) as required by the National Resident Matching Program (NRMP; www.nrmp.org). The educational program must be sponsored by an ACGME-accredited institution or participating site.
2. The primary hospital facilities must be equipped to provide state-of-the-art inpatient and outpatient MIGS experiences. Office and ambulatory care facilities must also be appropriately equipped.
3. Clinical information systems or libraries, and/or other information systems, including those relevant to the subspecialty must be readily available for patient care and clinical research at the host institution.
4. Skills and simulation training must be integrated into fellowship instruction.
5. Clinical research support, animal, cadaver and training facilities are desirable.
6. A program may utilize more than one patient-care facility. If more than one site is used, there must be a Program Letter of Agreement (PLA) with the ancillary site(s), and appropriate faculty. The ancillary site will receive the same approval period accredited to the program, unless there are changes to the ancillary site. The Program Letter of Agreement (PLA) must:
   A) Identify the faculty who will assume both educational and supervisory responsibilities for fellows
   B) Specify responsibilities of the above faculty for teaching, supervision, and formal evaluation of fellows
   C) Specify the duration and content of the educational experience
   D) Specify the fellow’s responsibilities at the ancillary institution.

**Educational Objectives**

All Educational Objectives ([http://bit.ly/22FL2yz](http://bit.ly/22FL2yz)) are directed toward the standardization of training in minimally invasive gynecologic surgery. The Fellowship is expected to offer in-depth experience using state-of-the-art techniques. Prior to the initiation of the Fellowship, the fellow is expected to have attained the competencies set forth in the CREOG Educational Objectives related to gynecologic conditions ([www.acog.org](http://www.acog.org)).

The FMIGS Educational Objectives should be addressed in a structured and systematic manner during the 2-year training period. To view the FMIGS Education Objectives please select the following link [http://bit.ly/22FL2yz](http://bit.ly/22FL2yz). Assigned reading will be given, based on the FMIGS Core-Reading List, which is to be made available by the fellowship program (see Appendix 3). To view the FMIGS Core-Reading List please select the following link [http://bit.ly/21HinH2](http://bit.ly/21HinH2).

**Curriculum**

1. Didactic. Education of fellows must include structured teaching conferences, seminars, and didactic instruction in both basic science and clinical aspects of the specialty as outlined in the Educational Objectives. This can include online coursework. The fellow’s schedule and responsibilities must be structured to allow regular attendance at national conferences.
2. Clinical. The clinical experience of inpatient and outpatient care must include a sufficient number and variety of cases to fulfill the Educational Objectives as described in the Requirements for a Postgraduate Program in the Subspecialty Area of Minimally Invasive Gynecologic Surgery.

A) Surgical experience is particularly important and must be carefully organized and supervised by the fellowship director and clinical faculty. The fellow must be capable of performing all appropriate diagnostic and therapeutic procedures relevant to the clinical practice of the subspecialty. During the course of the educational program, the fellow should be supervised in all clinical activities, including surgical procedures. The FMIGS Surgical Competency List must be used and completed for each fellow by the end of the fellowship training (see Appendix 4).

B) There must be a sufficient number and variety of surgical procedures available for the fellow to meet all the Educational Objectives. These procedures include but are not limited to, vaginal hysterectomy and other vaginal procedures, diagnostic and operative hysteroscopy, diagnostic and operative laparoscopy, laparotomy, robotic surgery and office and ambulatory procedures. The fellow should be involved with the preoperative planning and care as well as postoperative management of surgical patients.

C) The FMIGS Board will determine the appropriate number of individual surgical procedures that are customary for successful completion of a 2-year fellowship program.

D) Fellowships must ensure that graduates perform the minimum number of surgical cases prior to graduation as specified (http://bit.ly/1Z1nJxn).

E) The majority of the fellow(s) clinical experience must be in benign MIGS. The first year fellowship surgical experience should be broad based as outlined in the surgical competency list (see Appendix 4).

F) A minimum number of cases must be performed (http://bit.ly/1Z1nJxn) within the two-year fellowship program.

G) Programs may emphasize specific areas of specialization within MIGS such as FPMRS, Pelvic Pain, etc.
Schedule
The 2-year fellowship should be structured to show a progression in clinical and teaching responsibilities during the span of the program. A weekly, monthly and yearly clinical and educational schedule should be prepared for both year-1 and -2. A third year of training can be approved by the FMIGS Board on a case-by-case basis but must contain a unique educational experience with defined goals and objectives.

Research
1. Research Training
   It is required that the fellow complete a minimum of one course in clinical research, research design, biostatistics or epidemiology unless the fellow has documentation of previous graduate level coursework or holds a graduate level degree that documents competence in the required area(s). Ideally, the fellow may be given the opportunity to work towards an advanced degree (e.g. MPH) or certificate in clinical research. This can be accomplished in a classroom setting or through a fellowship director-approved online course. The institution must provide financial support for a minimum of one research-related course.

Research training should:
   A) Provide structured basic science, translational, clinical or surgical research as applied to MIGS
   B) Enhance the fellow’s understanding of the latest scientific surgical techniques
   C) Promote the fellow’s academic contributions to the specialty
   D) Further the ability of the fellow to be an independent investigator

2. Research Projects
   During training, the fellow will undertake an independent original research project approved by the fellowship director. The sequence in which research experience is integrated with clinical training will vary with each program but should be initiated in the first year of fellowship training. A research mentor who has expertise in clinical or basic science research and is available to regularly meet with and mentor the fellow must be appointed. Under the supervision of the research mentor, the fellow must complete, by the end of his/her final academic year, at least one IRB approved (if applicable) research project relevant to minimally invasive gynecologic surgery. This research project must be an
original data-driven project, meta-analysis or a systematic review that conforms to PRISMA guidelines. Writing a textbook chapter, clinical opinion review article, or production of an educational video does not meet criteria for an approved research project.

**Competencies**

The fellowship director will provide training and evaluate the fellow according to the following competencies: patient care-clinical and surgical skills, knowledge base, practice based learning, communication skills, professionalism, system based practice (see Appendix 5), teaching skills and scholarly research project development.

**FELLOWSHIP DATES, LEAVE AND TRANSFER**

Effective July 1, 2014, each program may be approved for a maximum of 2 fellows unless an increase has been requested and granted by the FMIGS Board. Additional fellows will be given individual consideration if adequate surgical volume, clinical experience, and research mentorship is documented and justifies the addition of more than 2 fellows.

**START DATE**

All fellows will be required to start no later than August 1st. Later start date requests will be given individual consideration. There will be an administrative fee for fellows starting after August 1st.

**Leave**

Leave may be granted to a fellow at the discretion of the Fellow director in accordance with local policy, but cannot exceed the limits listed below. Such leaves include maternity, paternity, sick, medical, vacation, funeral, personal, etc. Fellows’ travel to regional, national, or international meetings in order to attend or present research conducted during the program should be counted as an educational endeavor.

In keeping with the minimum of 22-month clinical training requirement to graduate from the Fellowship Training, a fellow is allowed:

- 6 weeks in the first year;
- 6 weeks in the second year; or
- Total of 8 weeks over the entire 2 years.
If a fellow’s absence from a program exceeds the maximum amount of leave time allowed in any given year or for the entirety of the program, their expected completion date must be extended for the duration of time in excess of the maximum. This extension must not detract from the experience of the other fellows in the program.

**Transfer Policy**

A fellow may transfer from one FMIGS- program to another. To approve the transfer, the FMIGS Board must receive:

a) A letter from the fellow requesting the transfer

b) A letter from the current Fellowship Director:
   i) Approving the transfer
   ii) Outlining the number of months the fellow successfully completed and the date the fellow will leave the program
   iii) Describing the rotations completed
   iv) Assessing the level of competency to date

c) A letter from the Program Director of the potential program:
   i) Approving the transfer
   ii) Outlining the dates the fellow is expected to commence and complete the program

If the approved total fellow positions will be exceeded at any time due to a transfer, an increase must be approved prior to the transfer occurring.

**Requirements for Graduation**

Upon successful completion of the fellowship, each fellow will receive a certificate of completion from the FMIGS Board. If all of these requirements have not been met by graduation, certification will be withheld until all requirements are fulfilled.

Requirements for graduation will include:

1. Satisfactory clinical and surgical training as outlined by the FMIGS Board
2. Completion of an original research project and draft of a scientific manuscript suitable for presentation and publication by the end of the Fellowship Training.
3. Submit a scientific contribution to a national or international meeting. The contribution can be a video, oral or poster presentation.
4. Completion of at least twenty-two months of training.
5. When available, completion of the AAGL Essentials in Minimally Invasive Gynecology Program.

EVALUATIONS
The fellows, faculty, and program must be evaluated. All of the evaluations performed must be documented in writing, and evidence must be available upon request by the FMIGS Board.

Fellow Evaluations
The Fellowship Director must formally evaluate a fellow’s progress. Assessment must include the regular and timely feedback to the fellow that includes the evaluations of knowledge, skills, research, and professional growth using appropriate criteria and procedures.

1. Semiannual Evaluation  The Program Director must perform an evaluation on each fellow at least every six months. The evaluation must:
   - Provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
   - Use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff)
   - Document progressive fellow performance improvement appropriate to education level

2. Summative Evaluation  The Program Director must perform a summative evaluation on each fellow at the completion of the fellowship. This may replace the final semiannual evaluation. The evaluation must:
   - Document the fellow’s performance during the final period of education
   - Verify that the fellow has demonstrated sufficient competence to practice without direct supervision

Formative Evaluation
The supervising faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment and document this evaluation at the completion of the assignment.
**Faculty Evaluation**

The performance of each faculty member must be evaluated at least annually by:

- Each fellow – Must be written and confidential
- The program – Must include a review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. If the Program Director is not performing the evaluations personally, access must be made available.

**Program Evaluation**

A meeting to discuss the educational and research mentoring effectiveness of the program as well as the curriculum must be held at least annually. The Fellowship Director, program faculty, and at least one fellow must attend the meeting. The discussion of the issues must be documented and the results must be used to improve the program.

During the evaluation process, the attendees must consider:

- Written comments by faculty and fellows
- Fellow performance
- Faculty performance
- The most recent GME report of the sponsoring institution (if applicable or available)
- When available, performance of graduates on the EMIG Written Examinations (at least 70% pass rate for first-time takers of the last five exams)
- Any additional material that can be used to judge the achievement of the program’s educational objectives

**Institutional Commitment**

The fellowship director must provide evidence of institutional commitment to support the fellowship. This is to include financial support, clinical environment for education and adequate research facilities to fulfill FMIGS requirements for a fellowship program in MIGS.
Policies

Anti-Harassment
View a complete description of the Anti-Harassment policy: http://bit.ly/1Z1vyTC.

Grievances Process
Investigation of the grievance will be pursued and the findings will be acted upon by the FMIGS Board. View a complete description of the grievance process at http://bit.ly/1RGTLwr.

Disciplinary Action / Due Process

Types of Disciplinary Actions
Official disciplinary actions are probation, non-reappointment, or termination. In general, disciplinary action should follow the due process identified by the primary training site as is commonly distributed by the Department of Graduate Education. If any type of disciplinary action is taken, the FMIGS Board must be notified. The FMIGS Board requires the following sequence:

Evaluation and feedback
The fellow is advised about deficiencies and the expectations for improvement clearly delineated. This should occur at minimum every semi-annual evaluation, but also may occur in an interval meeting if needed. The ability to provide useful feedback is contingent upon regularly completed written evaluations of the trainee. The fellowship director needs to provide clear guidance to the training faculty as to the types and frequencies of evaluations expected from them. Verbal feedback from a faculty member to the fellowship director regarding a trainee, either positive or negative, should be followed up with a written communication for the trainee’s file.

Warning
When a trainee has been advised about deficiencies but fails to make sufficient improvement, he/she may be warned that continued lack of improvement may result in probation. This information should be provided to the trainee in person and in writing.

Probation
Clearly suboptimal academic and/or clinical performance may warrant probation. The action should be explained to the fellow in person and in writing. Expectations for
improvement, the methods for evaluating improvement, the anticipated duration of probation, and possible future actions should be delineated. The trainee should be advised that his/her academic file is always available for review and that he/she may appeal the decision. The trainee should be offered counseling. A sample probationary letter is available from the FMIGS Board but is subject to local variation.

Non-reappointment/Termination
A trainee’s failure to remediate suboptimal academic and/or clinical performance may warrant a decision not to reappoint the trainee at the end of the current training year, or, in unusual circumstances, to terminate the contract immediately. The action should be explained to the fellow member in person and in writing. As with a probationary letter, the trainee should be advised that his/her academic file is always available for review and that he/she may appeal the decision. The trainee should be offered counseling. A sample non-reappointment or termination letter is available from the FMIGS Board but is subject to local variation.

Termination without an intervening period of probation should be reserved for a serious deviation from acceptable academic and clinical performance, for example, dereliction of duty which endangers patient care.

The Purpose of Disciplinary Actions
The objective of academic discipline is remediation. Thus, the terms of probation should always be carefully devised to ensure that the trainee has the opportunity to attain the desired improvement and that methods for evaluating that improvement are robust and as objective as possible.

Timing issues
A probationary period should be long enough to permit a thorough evaluation of progress. Except in unusual circumstances, a period of at least 3-4 months is required. The date on which the trainee’s status will be reconsidered should be picked in light of possible future actions, such as non-reappointment, so that ideally the trainee will have ample opportunity to find a different training program before the end of his/her training year. Alternatively, if a trainee’s lack of progress requires a period of probation late in the training year, there should be consideration of extending the current training year until a decision regarding adequacy of remediation can be made.
Accreditation of Fellowship Programs

All new fellowship programs must apply to the FMIGS Board. Programs that have demonstrated compliance with the fellowship standards receive accreditation for one or more years.

Upon annual review, if a program is found to have areas of non-compliance (deficiencies), the FMIGS Board will list these as specific citations, and expect the program to come into compliance in the time period designated. If a program has significant deficiencies, it may be given a warning or be placed on probation. Fellowships on probation need to show improvement in the deficient areas or may face more serious action by the FMIGS Board. Ultimately, fellowships that fail to comply with the standards will have their accreditation withdrawn and must notify applicants of such.

If an established program is found to have significant deficiencies at the time of periodic site visit, it may also be placed on probation for a designated period of time. If the deficiencies are corrected to the satisfaction of the FMIGS Board, accreditation will be restored for one or more years. If the deficiencies are not corrected in the designated timeframe, accreditation will be withdrawn.

Duty Hours

The FMIGS Board expects the ACGME Guidelines regarding Duty Hours to be considered. Detailed information can be accessed at: http://bit.ly/10Qst41.

Policies and procedures related to duty hours for fellows should be distributed to the fellows and faculty and the program must:

1. Monitor according to the program policy, with a frequency sufficient to ensure compliance
2. Monitor the demands of day, night, OB (if applicable), moonlighting and/or at-home call and intervene as necessary to mitigate excessive service and/or fatigue
3. Monitor the need for and ensure the provision of back up support systems for patient care

Stipend and Benefits

Fellows must be provided a stipend which should be at the minimum equivalent to a PGY-5 or -6 house staff officer in the geographic region of the program. Candidates
invited for an interview are to be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including stipend and other financial support; vacations; parental, sick and other leaves of absence.

The following benefits are required:

1. The fellowship must provide fellows with health, disability and professional liability coverage at all sites and all pertinent information regarding this coverage. Liability coverage must include legal defense and protection against awards from claims reported or filed after the completion of the program(s) if the alleged acts or omissions of the fellows are within the scope of the program(s). Specify if liability coverage is provided for external rotations/electives. Research associated costs (IRB, equipment, publication) must be covered.

The program must inform the candidate about whether or not the following recommended benefits are provided:

1. AAGL Essentials in Minimally Invasive Gynecology (EMIG) examination fee when available
2. Travel to the annual meeting of the AAGL and/or ASRM
3. Certification as console surgeon for robotically-assisted laparoscopy

It is the expectation that programs will not require their fellows to sign a non-compete agreement or restrictive covenant. If the program does require this they must notify both the FMIGS Board and notify (in writing) all applicants before an initial interview is scheduled.

Application Process

The FMIGS Board actively encourages applications from Obstetrician-Gynecologist physicians aspiring to develop their surgical skills in MIGS. The deadline dates for the application process are based upon the National Resident Matching Program (NRMP). Please see our website for details of the deadline dates. Application will be available online at the Fellowship webpage, www.fmigs.org.

Applications for programs interested in becoming a fellowship training site, are also available on the Fellowship webpage, www.fmigs.org, or by contacting the Fellowship Administrative Assistant at the Fellowship office.
Match

The Fellowship match is conducted through an objective computer matching program-NRMP. Programs and applicants are required to use the match process. The FMIGS Board must approve all waivers to secure fellow(s) outside of the match by contacting the FMIGS NRMP representative. If a fellowship program intends to accept a specific candidate outside the match (e.g. graduating resident from their program), they should avoid subjecting other candidates to the unnecessary burdens of interviewing.

The match provides a uniform time for both applicants and fellowship programs to make selection decisions without coercion, undue or unwarranted pressure. Both applicants and fellowship programs may express their interest in each other; however, they shall not solicit verbal or written statements implying a commitment. Applicants shall at all times be free to keep confidential the names or identities of programs to which they have or may apply. Any violations will be addressed by the FMIGS Board and will be subject to consequences as determined by the FMIGS Board.

Further Information

For further inquiries, please contact the FMIGS Administrative Assistant:
6757 Katella Avenue, Cypress, CA 90630-5105 USA.
Ph: (800) 554-2245 or (714) 503-6200 • Fax: (714) 503-6202
E-mail: fmigs@aagl.org • Web Site: www.aagl.org
### Appendix 1: Annual Update Form

#### Fellowship in Minimally Invasive Gynecologic Surgery Annual Report

### Program Information

<table>
<thead>
<tr>
<th>Fellowship Program Primary Hospital / Surgical Center:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City / State:</td>
</tr>
<tr>
<td>Fellowship Director name:</td>
<td></td>
</tr>
<tr>
<td>Associate Fellowship Director(s):</td>
<td></td>
</tr>
<tr>
<td>Institutional Representative:</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City / State:</td>
</tr>
<tr>
<td>Phone</td>
<td>Fax</td>
</tr>
</tbody>
</table>

### Faculty Information

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Indicate if New Addition or Removal</th>
<th>Area of Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Fellow Information

<table>
<thead>
<tr>
<th>Fellow Name</th>
<th>Start Date</th>
<th>Graduation Date</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Checklist

- Have you verified that your fellow has entered all surgical cases through the online data collection system? □ yes □ no
- Has your fellow(s) completed the required didactic program as defined by your program? □ yes □ no
- Have you attached the 6 month progress report of the fellow(s) in training? □ yes □ no
- Have you attached the final evaluation form? □ yes □ no
- Have you attached an update of your fellow(s) research project and contribution(s)? □ yes □ no
- Have you attached the summary of the faculty periodic evaluation of the fellowship program? □ yes □ no
- If more than one patient-care facility is used, have the PLA’s been renewed? □ yes □ no
- Periodic (Semi-annual) fellow evaluations
- Future position after graduation
- Have there been any significant changes to the program? □ yes □ no
- Fatigue monitor? □ yes □ no
- Are you aware of the ACGME guidelines for duty hours? □ yes □ no

### Signatures

I authorize the verification of the information provided on this form.

Signature of fellowship director Date:
## Appendix 2: Faculty Evaluation of Program

### FACULTY EVALUATION OF FMIGS PROGRAM

<table>
<thead>
<tr>
<th>Program Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellowship Program Primary Hospital / Surgical Center:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Faculty Name:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
</tbody>
</table>

- Describe the biggest strengths of the program.
- Describe the biggest weaknesses of the program.
- Suggested changes include:
- List most recent graduating fellow position.

### Signatures

I authorize the verification of the information provided on this form.

| Faculty Signature | Date: |
Appendix 3: MIGS Reference Material

## Appendix 4: Surgical Competency List

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Understand</th>
<th>Understand and Perform</th>
<th>Supplemental Competency</th>
<th>Pre-Fellowship Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Laparoscopic Adhesiolysis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild/moderate</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Severe</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enterolysis</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laparoscopic Ovarian Surgery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystectomy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adnexal detorsion</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oophorectomy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovarian drilling</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oophoropexy</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovarian cryopreservation</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Ovarian remnant</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovarian transposition</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Laparoscopic Tubal Surgery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tubal ligation</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Salpingectomy</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salpingoscopy</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Neosalpingostomy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tubal anastomosis</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paratubal cystectomy</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Linear Salpingostomy</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Retroperitoneal Dissection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ureterolysis</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterine artery ligation</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Space of Retzius dissection</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Presacral neurectomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gastrointestinal and Urinary Procedures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ureteral stenting</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Hydrodistension</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Proctosigmoidoscopy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Office-based Endoscopy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic hysteroscopy (rigid/flexible)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Operative Hysteroscopy</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Vaginoscopy</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Transvaginal hydrolaparoscopy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laparoscopy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hysteroscopy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hysteroscopic Sterilization</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Pregnancy complications - retained POC</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Case Type</td>
<td>Understand</td>
<td>Understand and Perform</td>
<td>Supplemental Competency</td>
<td>Pre-Fellowship Competency</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>------------</td>
<td>------------------------</td>
<td>-------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Foreign bodies</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lysis of synchia - mild, moderate</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lysis of synchia – severe</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metroplasty</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polypectomy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myomectomy Type's 0- 1 - or less than 2cm</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myomectomy Type II - or greater than 2cm</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tubal cannulation</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Endometrial Ablation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rollerball/endomyometrial resection</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global endometrial ablation</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Endometriosis Surgery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cul de sac dissection</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Segmental bowel resection and anastomosis</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment of superficial endometriosis</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ureterolysis</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ureteral reanastomosis</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ureteral neocystotomy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder surgery for endometriosis</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel surgery for endometriosis</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presacral neurectomy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendectomy</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Resection of deep infiltrating endometriosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment of extra-pelvic sites endometriosis</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pelvic Floor Reconstructive Surgery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paravaginal Repair</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mesh and conventional for utero-vaginal prolapse</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-urethral sling</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colposuspension</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacrocervicopexy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacrocolpexy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacrocolpoperineopex</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterosacral suspension</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacrospinous ligament suspension</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fistula repair</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hysterectomy +/- BSO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laparoscopic Supracervical Hysterectomy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Laparoscopic Hysterectomy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAVH</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Trachelectomy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal hysterectomy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Fellowship Board*
*Approved 10.29.15*
*3.23.16 Rev2*
<table>
<thead>
<tr>
<th>Case Type</th>
<th>Understand</th>
<th>Understand and Perform</th>
<th>Supplemental Competency</th>
<th>Pre-Fellowship Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Myomectomy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laparoscopic myomectomy</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laparoscopic-assisted myomectomy</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-surgical treatment of fibroids</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Laparoscopic uterine artery occlusion</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy Related</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic/Operative Laparoscopy</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Laparoscopic cerclage</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Correction of congenital anomalies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resection of rudimentary uterine horn</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Correction of other lateral and vertical fusion defects</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Creation of neovagina</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Repair of specific conditions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystotomy</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enterotomy</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Vascular injury</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ureteral injury</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oncology Surgery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Omentectomy</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pelvic and aortic lymph node dissection</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Radical Hysterectomy with lymph node dissection</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Primary or interval debulking for ovarian cancer</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Imaging</strong></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Transvaginal sonography</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sonohysterography</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Intraoperative sonography</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Hysterosalpingography</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Transabdominal sonography</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Pain Management</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Appendix 5: Competencies

1. Patient Care
   Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in:
   A) Evaluating a patient's complaint, providing an accurate examination, employing appropriate diagnostic tests, arriving at a correct diagnosis, and recommending the appropriate treatment
   B) The essential areas of benign gynecology including:
      - normal physiology of reproductive tract
      - gynecologic management during pregnancy
      - gynecologic surgery and complications management
      - management of critically ill patients
      - gynecologic pathology
      - the full range of commonly employed diagnostic procedures, including ultrasonography, Computed Tomographic (CT) Magnetic Resonance Imaging (MRI) and other relevant imaging techniques

2. Medical Knowledge
   Fellows must demonstrate knowledge of established and evolving medical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge in:
   A) Reproductive health care, diagnosis, management, consultation, and referral
   B) The fundamentals of basic science as applied to MIGS
   C) Applied surgical anatomy and pathology
   D) Basics of risk-benefit analysis, epidemiology, statistics, data collection and management, and use of medical literature and assessment of its value
3. Practice-based Learning and Improvement

Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Fellows are expected to develop skills and habits to be able to meet the following goals:

A) Identify strengths, deficiencies, and limits in one’s knowledge and expertise
B) Set learning and improvement goals
C) Identify and perform appropriate learning activities
D) Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
E) Incorporate formative evaluation feedback into daily practice
F) Locate, appraise, and assimilate evidence from scientific studies related to their patient’s health problems
G) Use information technology to optimize learning
H) Participate in the education of patients, families, students, residents and other health professionals

4. Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows are expected to:

A) Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
B) Communicate effectively with physicians, other health professionals, and health related agencies
C) Work effectively as a member or leader of a health care team or other professional group
D) Act in a consultative role to other physicians and health professionals;
E) Maintain comprehensive, timely, and legible medical records, if applicable
F) Have the fundamentals of good medical history taking and thoughtful, meticulous physical examination
5. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows are expected to demonstrate:

A) Compassion, integrity, and respect for others
B) Responsiveness to patient needs that supersedes self-interest
C) Respect for patient privacy and autonomy
D) Accountability to patients, society and the profession
E) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
F) Ethics and medical jurisprudence

6. Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Fellows are expected to:

A) Work effectively in various health care delivery settings and systems relevant to their clinical specialty
B) Coordinate patient care within the health care system relevant to their clinical specialty
C) Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
D) Advocate for quality patient care and optimal patient care systems
E) Work in inter-professional teams to enhance patient safety and improve patient care quality
F) Participate in identifying system errors and implementing potential systems solutions

Approved programs will be reviewed regularly. If there are any significant changes in the program (e.g. change in the number of fellow positions, fellowship director, key faculty members, patient volume and procedures; changes in clinical sites or closure of major research programs), the FMIGS Board must be notified electronically within 30 days (fmigs@aagl.org). Each program will be approved for a specific number of fellows. The Board will review request for additional fellow positions. Every program is required to
submit an Annual Report by July 1st that includes a list of current faculty, enrolled fellows and the surgical experience and research progress of each fellow (See Appendix 1).

Fellowship programs will be evaluated on the basis of the:

A) Fellowship director’s written evaluation of the fellow(s)
B) Fellow(s) completion of required didactic program, as defined by the individual program, under the auspices of the FMIGS Board
C) Fellow(s) completion of an appropriate scholarly research project and/or contribution
D) Annual evaluation of the training program and fellowship director by the fellows.
E) Annual evaluation of the fellowship training program by the faculty (See Appendix 2)
F) Annual report by July 1st (See Appendix 1)
G) Site visit report