The Minimally Invasive Gynecology Fellowship Program is a two year program designed to provide a graduating chief resident in Ob/Gyn two additional years of extensive surgical training. The gynecology section is comprised of seven experienced board certified gynecologists, including two who completed Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) programs. These surgeons perform a broad range of vaginal, abdominal, and minimally invasive gynecologic surgeries, including robotic procedures.
# 2-Year Program

**Optional Degrees:**
- MPH
- MBA
- MS
- Other: None

**Number of Faculty**
- GYN Faculty: 6
- UROGYN Faculty: 0
- REI Faculty: 0
- ONCOLOGY Faculty: 1
- GU Faculty: 0
- General Surgery Faculty: 0
- Colorectal Faculty: 0
- Other: close working relationships with outside REI and VMMC general surgery and urology faculty

<table>
<thead>
<tr>
<th>Faculty Type</th>
<th>Number</th>
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<tbody>
<tr>
<td>GYN Faculty</td>
<td>6</td>
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<tr>
<td>UROGYN Faculty</td>
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<td>Other</td>
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</tbody>
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**Residency Program Affiliation:**
- Yes
- No

**Computer Simulation Center:**
- Yes
- No

**Training Labs**
- Cadaver lab
- Animal Lab
- Dry Lab
- Robotics

**Office Surgery:**
- Yes
- No

**Contract/Agreement Letter:**
- Yes
- No

- Stipend PGY-5 or 6: Yes
- No
- Resident Teaching: Yes
- No
- Benefit Package: Yes
- No
- OB obligation: Yes
- No
  - If yes, please describe obligation.
- Junior Faculty: Yes
- No
- Attending Privileges: Yes
- No
- Moonlighting: Yes
- No
- Non-compete clause: Yes
- No
- Malpractice: Yes
- No
- Meeting support: Yes
- No
- Malpractice tail coverage: Yes
- No
- Other coverage obligations - specify:

**Accept J1 & H1Visa applicants:**
- Yes
- No

**Dedicated Research Hours:**
- Hours/week: 8 per week
- Hours/month:

**Protected Academic:**
- Hours/week: 8
- Hours/month: 32

**Clinical Focus/Additional Training**
- Reproductive Surgery
- Oncology
- Endometriosis/Pelvic Pain
- Pelvic Reconstruction
- Robotic Surgery
- Pediatric/Adolescent
- Hysteroscopic Surgery
- Other:

12.31.19
Description of Program:

Over the course of two years in the fellowship, each fellow will average 3.5 days in the OR, 0.5 day in clinic and 1 day of research each week. The fellows manage the day to day running of gynecologic surgical services, as well as covering emergencies and inpatient consultations. The fellows supervise the inpatient team which includes a PGY-3 Obstetrics and Gynecology resident rotating from the University of Washington (UW) and two physician assistants (PAs), under the guidance of the attending physicians.

The fellows are exposed to both major and minor surgical cases. Our faculty currently consists of 6 general and minimally invasive gynecologists. Two gynecologic oncologist positions are currently open and under recruitment. Our surgical block time varies from week to week, on a monthly basis, based on the overall needs of the OR. That is, each surgeon does not necessarily have a standard operating day every week. Therefore, we do not plan a strict rotation schedule for the fellows. Please see attached sample schedule.

We focus the first-year fellow’s time on basic laparoscopy skills, hysteroscopy and basic vaginal surgery, specifically vaginal hysterectomy. Once they have established mastery of those skills, more complex cases in these categories are targeted. Experience in bedside and perineal assisting on robotic cases will be stressed to prepare the fellows for console experience in the second year. The second year fellow will then focus on complex laparoscopic cases, console experience on robotic cases and complex oncology cases (when available). Our case volume allows us to avoid “competition” for cases between the fellows and the PGY-3 resident, as the residents’ emphasis in our rotation is hysteroscopy, laparoscopy, other minor cases and open surgery.

Clinics are precepted by faculty from the fellowship, and fellows are seeing predominantly consultations for gynecologic problems including pelvic pain, abnormal bleeding, uterine fibroids, and cervical dysplasia. The fellows complete the workup and counsel patients on management options, including both medical and surgical interventions. The fellows follow their own clinic patients through their operative and postoperative courses. Interested fellows may arrange, at their own initiative, additional rotations with other specialists within our institution for more exposure to specialized procedures, such as urodynamics, endoscopic bowel surgery, transplant surgery or interventional radiology.

The research curriculum is directed based upon the fellow’s own research interests and is based upon education, both online and in person, in research methodology and conduct of clinical trials. Current and former fellows have contributed to research through the Fellows Pelvic Research Network.

Projects that we anticipate pursuing include longitudinal examinations of surgical outcomes, comparisons of outcomes based on surgical approach, assessment and improvement of OR positioning and instrumentation techniques, and extensive video editing. Fellows will be expected to submit abstracts for presentation at the AAGL national meeting and other meetings as appropriate, and will attend the AAGL conference annually. They will be expected to prepare at least one manuscript for publication by the end of the fellowship.

The fellows will participate in resident education at the University of Washington. A laparoscopic curriculum for the residency is under development. Some of the planned lectures include discussions of basic instrumentation including scope selection, energy sources, and trocar placement; evidence-based surgical management of ectopic pregnancy, adnexal masses, and pelvic pain; diagnosis and management of laparoscopic surgical complications; tissue extraction; and a discussion of the data surrounding the use of the surgical robot in both benign and oncologic cases. The fellows will work with the residents in the
laparoscopic simulation lab. FMIGS didactic lecture series, M&M conferences, tumor board conferences and journal clubs will round out the fellows’ educational experiences.