As I write this, my last column as FMIGS President, we are in the middle of the bustling Holiday Season. My home to-do list is just about as long as my work to-do list: presents, parties, cards, decorations, travel, on and on. It’s so easy to get distracted by this long to-do list of chores and errands and miss the meaning of the Season: family, friends, traditions, and faith. And as I think about that, purposefully trying to slow down and enjoy the time, I am reminded that this is the same challenge with FMIGS. As President, it was easy to get bogged down with the day-to-day details: meetings, conference calls, follow up on MyTip and ACGME, coordination of educational events, seeking financial support from device companies, site reviews, budgets, CME, and on and on. It is a lot of work and sometimes it was easy to forget the “why.”

Well, here’s why: over the last 20 years, hundreds of MIGS fellows have sought out a unique skill set, gone out into their communities, and offered women the best possible surgery for their disease. Those same fellows have started their own fellowships, lead gynecology divisions at major academic institutions, travel internationally to lecture and educate, write ground-breaking articles to advance women’s healthcare, and advocate strongly for equality of care. These fellow graduates have grown in number and presence in such a way that a focused practice in MIGS is now a thing! I am so proud to be a part of this specialty, this movement, and this family. May you all have a wonderful holiday, a great New Year, and take some time to reflect on the “why.” It has been my honor to serve you.

Mandy
Dear Fellows,

Congratulations to all the recently matched fellows! Welcome to the MIGS family, and we look forward to continuing to catch up throughout this coming year. Many of us had a chance to meet at the Fellow's Meeting in Vancouver last month at AAGL. I would like to thank all of the fellows for their input and great feedback again this year. We’ve seen continued growth in the Fellow's Bootcamp (August 2020 in Phoenix) and the web series. Our new case logging system is now almost here (January 2020).

For the second year fellows, remember to look on ACOG job listings, and later in this newsletter for updates on job searches. Discussions on job search tips for success are also available from several recent Bootcamp lectures on the portable USB drives. Let me know if anyone needs a copy.

As you know from our talks, please feel free to reach out to me with any questions, concerns, or general thoughts on the fellowship. I am always available to talk, help troubleshoot issues, and provide support. Thanks to all of you who have already followed up with great ideas and thoughts! They are heard and do make a difference. I look forward to working closely together to ensure the best possible fellowship experience, while building on the long-term health of our fellowship.

Best,

Jim Casey

jncasey1@carilionclinic.org
Program Directors Update

Happy Holidays to the entire FMIGS Family!

I can hardly believe it has been 2 years since the Board opened this position - Program Director representative - that affords PDs and APDs direct representation to Board policy-making and a strong voice in fellowship growth. Since its inception, we have gained representation on the Nominations Committee and also as voting members of the FMIGS section of AAGL. We are carving out an agenda at the annual national meeting and bringing our community closer. It has been a tremendous honor for me to serve in this capacity and I am so grateful to have worked and learned with such an amazing team. We now can look forward to Dr. Jamal Mourad for the next two years to speak up and out for our PDs and our fellowships!

As the new year approaches, we should be on the lookout for curriculum updates and changes, and work to incorporate MyTip and other reviews in our fellowship evaluations. We can support our new Board by continuing to read emails, review our Fellowship Requirements, and communicate with each other, our fellows and the Board to continue to drive this fellowship to the “cutting edge.”

Wishing all a Warm, Wonderful 2020.

Cheers!

Gretchen
Young Alumni Network Update

I have been honored and humbled to serve as the Chair of the FMIGS Young Alumni Network (YAN) for the last two years. I would never have predicted that an idea discussed during a late night conversation with Noah Rindos would turn into the committee that it is today. Thank you to the FMIGS board for believing in this committee and allowing it to grow. Thank you to the YAN Leadership (Ade Oshinowo, Noah Rindos, Jim Casey, Jessica Ritch, Amanda Ecker, Vicky Vargas, Stina Salazar, Traci Ito, and Amanda Yunker) for your creativity, passion, and commitment. Thank you to the AAGL office for your enthusiasm in support of our projects. Thank you to the YAN members who make this committee possible. Without the support of all members of the FMIGS family, the YAN could not exist.

Since our first meeting at AAGL’s Global Congress in 2017, YAN has worked tirelessly to promote the involvement and growth of its members and current fellows. I would like to highlight a few of our projects and successes. We were honored to assist with the planning of FMIGS graduation and the Mother’s Lounge at AAGL events. We also gathered and disseminated information regarding childcare options at the Global Congress. More than 100 ad hoc reviewers have been added to JMIG and YAN members have served as abstract reviewers for the Global Congress. FMIGS Connect has facilitated relationships between current and past FMIGS fellows. A postgraduate course was provided at this year’s global congress that specifically addressed topics of interest for recent FMIGS graduates. We continue to present a lecture at SGS that is broadcast to YAN members that aren’t able to attend in person. We have created a podcast that features YAN members and focuses on issues encountered during the first several years after FMIGS graduation. Currently, we are working to improve the MIS for Women website and make it the “go to” location for patient education needs.

It is with a very proud heart that I hand over the reins of the YAN to Ade Oshinowo. I cannot wait to see how this committee continues to grow and flourish.

Megan N. Wasson, DO
Chair, FMIGS Young Alumni Network Committee
Fellows’ Research Update

We are here to help with your research projects!

The FMIGS Research Mentor Chatline is an online platform where fellows can submit a research question and be linked with a mentor who can help. Whether you are just starting to plan a research study or are in the final stages of preparing your manuscript, sometimes an important question can slow you down. The FMIGS Research Mentor Chatline provides remote access to a research expert who can address your question and keep you on track. Complete this form to get started. The FMIGS Research Committee has also gathered several online research resources that can be found here. Check out the link for useful research apps, websites, online courses, and texts.

Lastly, we are working to resume opportunities to participate in the Fellows’ Pelvic Research Network (FPRN®), a valuable resource for fellows interested in conducting multi-site research projects. Stay tuned for more details!

Nisse Clark, MD MPH, FMIGS Research Committee Chair
Chetna Arora, MD, FPRN® Steering Committee Chair
FMIGS International Update

Since 2017, the AAGL has approved two international fellowship training programs that meet the two-year curriculum, scholastic and surgical experience standards set by the FMIGS Board. Currently we have 18 trainees at various levels in both Colombia and Mexico. Additional sites are in varying stages of application. The international fellowships appear to be as competitive as those in the US and Canada. The mission of the fellowship is to provide a uniform training program for gynecologists who have completed residency in obstetrics and gynecology and desire additional knowledge and surgical skills in minimally invasive gynecologic so they may: (a) serve as a scholarly and surgical resource for patients and referring physicians; (b) 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 (c) further research in minimally invasive gynecologic surgery.

Magdy Milad, MD
FMIGS International Committee Chair
JMIG Social Media Update

Boosting the social media presence of our profession
Peter Movilla, MD

Pictured Above: JMIG Social Media Committee Members
(left to right): Emad Mikalil, Cristobal Rodriguez-Valero, Mireille Truong, Alyssa Small, Peter Movilla

With advancing technology comes revolutionary changes in the means by which people communicate. Nowhere is this as apparent than in the distribution and receipt of information. Seemingly overnight, the classic Sunday newspaper has been replaced by smartphone news applications and social media timelines, which provide instantly accessible and constantly updated headlines. Similarly, in our medical profession new scientific breakthroughs no longer have to wait to be printed and shipped to manuscript subscribers for physicians to read them. With the adaptation of online access for publications that are “ahead-of-print”, a majority of readers are accessing medical literature earlier and instantly sharing this content with their peers through a myriad of social media platforms. This has arguably made the sharing of new and relevant medical information to a larger international audience significantly easier and faster.

So in comes my plug for our very own journal social media committee! Under the fearless leadership of Dr. Mireille Truong, the Journal of Minimally Invasive Gynecology (JMIG) has established its own committee of proactive social media mavens with the mission of distributing and promoting JMIG’s latest findings to the vast international audience of gynecologic surgeons utilizing multiple social media platforms to engage as many minimally invasive
gynecologic surgeons (MIGS) members as possible. Under her vision and with the creation of the JMIG Social Media Scholars program, JMIG now has a strong social media presence on Twitter (2298 followers), Facebook (542 followers) and most recently Instagram (260 followers).

Additional new endeavors include the monthly Twitter Journal Club, weekly Visual Abstracts, and the JMIG MIGS Front Page video podcast. The JMIG Twitter Journal Club (#JMIGjc) allows for the entire MIGS community to take part in discussing the interesting findings and clinical applications from a JMIG article on Twitter live! The new addition of weekly Visual Abstracts (#JMIGVisualAbstracts) on the social media platforms gives a visual summary of pertinent journal article findings selected by the committee members and editorial board. Lastly the new JMIG MIGS Front Page video podcast (#JMIGpodcasts) gives MIGS members a direct recorded discussion with the author of a new article to hear firsthand about a research publications motivation and findings.

If you want to join in on the revolutionary changes to our profession’s communication platforms, here are some ways you can get involved:

1) Follow JMIG on Instagram, Twitter and/or Facebook.

2) Apply to be a JMIG social media scholar

3) Join us for JMIG Journal Club (#JMIGjc) every 3rd Wed and Thurs of the month, or even better- host a journal club!

4) If you are an author of an article in JMIG and want to featured in a #JMIGpodcast, please contact us!

For any questions or if you want to participate, EMAIL: jmigsocialmedia@gmail.com

I hope that you are as exciting about the future of our field as we all are on the JMIG Social Media Committee!
A note from the JMIG Social Media Editor
Mireille Truong, MD

First, I wanted to thank all of our JMIG Social Media Scholars for all their energy and ideas that they have brought to the JMIG Social Media Committee thus far. Thanks to them we had a successful Social Media campaign at our recent annual AAGL meeting. Thank you everyone who participated in our JMIG Social Media Contest, #JMIGselfie.

Congratulations to the winner of the JMIG Social Media Contest at AAGL 2019, Dr. Whitney Ross from Penn State Health!

We are currently expanding our committee and looking for motivated fellows with creative ideas to join us as JMIG Social Media Scholars to start in 2020. If you would like to apply, please send an email to jmigsocialmedia@gmail.com. The application form will also be posted online.

From #JMIGjc to #JMIGVisualAbstracts to #JMIGPodcasts, I’m really looking forward to an exciting year for JMIG Social Media. Keep an eye out for new content on Instagram, Twitter and Facebook! Be sure to tune in to Twitter and Instagram for our #JMIGCountdownto2020, where we will be highlighting the top 10 JMIG articles of 2019!
MIGS Career Tips

Just when you started to relax and enjoy your fellowship, the reality of graduation and finding a job hits. This step in your career development will be very different from prior advancement… there is no universal application, no computer-generated “match”, no deadlines, seemingly no rules. This piece will serve as an expert-opinion, of sorts, to guide you through this long-awaited moment… actually getting a job, preferably one you love!

Know your resources.
There are several on-line platforms that serve as repositories for job postings:
1. ACOG - https://www.healthecareers.com/acog/search-jobs/
2. AAMC - https://www.careermd.com/
3. AAGL - https://www.aagl.org/migsjobs/
4. Additionally, this newsletter frequently posts known opportunities and are all archived at - https://www.aagl.org/service/fellowships/newsletter/

Be mindful that many jobs are never posted to these forums, and there are many opportunities out there that can be landed by “cold-calling”. You may be one step ahead of a planned posting, or you may have the opportunity to convince an employer that they need someone just like you, they just didn’t know it yet! So, don’t be afraid to try this technique. Don’t forget that your mentors and colleagues may have leads on job openings that aren’t posted, or simply serve as the liaison to connect you to a chair/division director/employer at an institution you are interested in.

Lastly, there may be a role for you to use a recruiter or headhunter, particularly if you are looking for private-practice opportunities and haven’t found any contacts through your own web-searching and cold-calling. Fees paid to the headhunter are from the employer, not you…whew!

Have a timeline.
In your first year of fellowship, start formulating your idea of the “dream job”. Keep your CV updated so this task doesn’t become daunting or affect your timeliness in correspondence later. Begin making contacts at conferences like AAGL, SGS, ACOG and others and continue this into your second year. Be deliberate if there is a particular region/hospital system you want to work in, but also be open and fluid as you never know where life will take you in 5 or 10 years. Look for people who have your dream job already and ask them about their journey.
Early in your second year, begin searching job postings. Even if the job spec doesn’t look perfect (i.e. not in line with your goals for involvement in OB, research, teaching, whatever), it’s still OK to apply. Just be honest with your goals and decide what you will/won’t bend on. Maybe they will change their job spec to match your goals once they are impressed with you! Use conferences such as AAGL, SGS or SLS to meet potential employers face-to-face.

**How to apply.**

Use the listed resources to frequently query for job postings. Start “cold-calling” organizations by e-mailing the chair or MIS division director. Use pubmed to find professional e-mail addresses of corresponding authors if you need contact info. Briefly (one paragraph) state your intent, attach your CV and a PERSONALIZED cover letter on professional letterhead.

In your personalized cover letter, restate what you are applying for (MIGS position, generalist position, etc) and describe what you want this job to look like at their institution. Explicitly state what makes their institution attractive to you and be specific! Perform a background search on each place you are applying. If you want to do research, say it! Describe some project you have recently completed and are proud of. If you want to be involved in education, ditto! Show them how you could be the solution to their needs of resident research mentoring, new, possibly daunting, ACGME requirements of 70 MIS hysterectomies for graduating residents as well as the requirement to pass FLS. Describe what you have learned in your fellowship, what you are now an expert at, and showcase what you have to offer. At the end of your cover letter, include personal references who would be willing to go to bat for you...your PD/APD/other faculty at your institution, residency or research mentors, or someone specific that might have a connection to that particular institution.

Be timely in ALL of your communication. Your goal should be 24-48 hours turnaround. Be prepared to first do a phone interview followed by an in-person interview. It is reasonable to expect that your interviewer will foot the bill for your visit. A soft approach, if not explicitly offered, could be asking...“is there someone I should work with to make my travel arrangements? Who is the best resource to handle my receipts?” If applying for an academic position, you may be asked to give a grand rounds lecture at their institution as part of the interview process...so start preparing now!

**Negotiation.**

Now that you’ve got the offer in hand, it’s time to negotiate. Almost everything is negotiable. If you are willing to do OB temporarily, make sure the specifics of when you will phase out are in your contract. Salary, signing bonus, vacation, CME allowances in both time and reimbursement, all negotiable. If you want upfront protected time for research, OR block time, equipment or assistant needs, now is the time to work through these. If you are lucky enough to have several offers, it is OK to leverage them against one another. Now go out there and knock their socks off! A special thanks goes out to Drs. Jim Casey and Noah Rindos for their expertise in composing this piece. Good luck!

Cherie Marfori

Fellowship Director and Assistant Professor, The George Washington University.
**MIGS Spotlight**

**Choosing Gynecology & Finding out I had Fibroids (no symptoms… yet)**

My path to minimally invasive surgery was one born of personal experience. My mentor in medical school was a Urogynecologist and I was sure that would be my path as well. However, during the last year of schooling to obtain my medical degree, I was diagnosed with fibroids. I had been given a clean bill of health at my annual exam 4 months prior, so I felt blind-sided by this diagnosis. My primary focus during this time in my life was to not derail my future medical career path or disappointing my parents which was of the up most importance to me. Just 3 weeks prior to graduation, I woke up with the worse pain of my life. At that time, I had an ultrasound and it revealed that I had 16-week size fibroids. Immediately I was upset, and I wondered:

- “Why has no one felt this before?”
- “How did they get so big?”
- “Is there something I could have been doing differently?”
- “Did I cause this?”
- “How could I have missed this?”

Nevertheless, at the time I still wasn’t symptomatic. The pain was a one-time occurrence. I graduated and moved on to residency.

**My Fibroids were growing…**

I was asked to get a follow up ultrasound in Maryland, which revealed they had nearly doubled in size, resulting in a frantic call for follow up to see the area’s best Gyn oncologist who would later become one of my mentors, Dr. Neil Rosenshein. He immediately told me it was not cancer and I did not need to worry or stress. He suggested we follow up in 6 months with additional ultrasounds.

**Symptoms started and turned horrific…**

I did so and inevitably, in that first 6 months my very normal, seemingly light, sometimes nonexistent or skipped menses turned into a horrific twice monthly blood baths. As you might expect, this completely disrupted my life. It soon progressed to a more emergent state as I was now bleeding through my clothes onto seats, leaving restaurants while waiting for my food to be prepared, and frequenting the ER. I feared I was ruining my first year of marriage.
My (open) Myomectomy

Dr. Rosenshein eventually sent me to Dr. Barrueto who was my hero. He was the Minimally Invasive Gyn guru in the area. Ironically enough he told me I wasn’t a good candidate for minimally invasive surgery though that is what I sought. In 2010 I had an Open Myomectomy. He removed 12 fibroids and a 5cm submucosal fibroid smack dab in the middle of my uterine cavity. That was a miserable experience. The time it took for me to recover from the open myomectomy is what solidified my path into minimally invasive Gynecologic Surgery. Overnight, my normally fast-paced life had tuned into an unrecognizable slow crawl. My recurring thought was that there must be a better way.

My Practice

Now I have a very busy GYN-only surgical practice in Alpharetta Georgia, just north of Atlanta where I see, what feels like some of the biggest and baddest fibroids in the nation! This may be an exaggeration, but that’s what it feels like because some are ridiculously large and complex. I still feel immediate gratification in removing fibroids from a burdened uterus, but am excited to now be able to offer women several forms of surgical management for their fibroids.

I feel privileged and honored that my path has now paired me with the likings of Dr. Robert Moore and Dr. John Miklos whose guidance, mentorship, teachings and partnership have made me an even better surgeon and doctor. I’m thrilled that I have opportunities to work with advocacy programs such as “The White Dress Project”. This organization has allows me to advocate and educate women on an even personal level. Fibroids are a real epidemic and sadly are not always treated as such, so these programs bring awareness to that fact.

Celebrity patients and national awareness for fibroids

Fast-forward to this recent year. I was able to treat a local and national celebrity, Quad Webb, from the Bravo TV show Married to Medicine. She did her due diligence after being diagnosed with fibroids educating herself and knowing her options. Through her research she became interested in radiofrequency ablation of her fibroids. Prior to meeting me she was evaluated by her Gyn and offered only an open myomectomy. Quad’s surgery was completed successfully with her special request that all incisions be hidden due to her career in the entertainment industry. She was back in front of the camera, on social media and making appearances within days. Six months later, she is experiencing significant relief from her fibroid symptoms (frequent urination, weight gain, bulk, heavy periods, painful sex), and advocating for more awareness and education about all of the available minimally invasive treatment options for fibroids. She even went on “The Doctors” TV show to talk about her experience. Quad was very sincerely grateful, and even granted me the opportunity of a national platform to somewhat sensationalize what I do. Though this opportunity is greatly appreciated, I don’t do it for the fame, media, money, or even the recognition. I simply do it for the patients. This was my path to minimally invasive surgery.
One thing I’ve learned through this opportunity in the media is the huge impact it makes for our patients to talk about fibroids. They feel alone - I too felt alone when I dealt with fibroids – but they shouldn’t feel alone! Patients should feel empowered in their treatment journey. I think Quad articulated it beautifully, she told followers:

“It’s okay to talk about topics “below the belt” – I feel like once I shared my story, so many others came out and told me they have fibroids too. We don’t want anyone to feel regret, but in order to spread awareness, we have to be brave and talk about conditions that affect “below the belt,” like fibroids.

In summary, I’m incredibly grateful for my path to minimally invasive gynecology. As a fibroid fighter myself, I understand the need for more options for women – and I am humbled to be a part of the amazing group of AAGL surgeons who are seeking to change the standard of care for patients with fibroids. What I love best about MIGS is the complexity of the cases and how the patients do so well with minimal recovery. I am continuously surprised by new and exciting pathology or surgical challenges. Due to my MIGS training, I welcome the challenge of tough cases, and the patients benefit greatly.
MIGS Job Postings

MINIMALLY INVASIVE GYNECOLOGIC SURGERY SPECIALIST
Chicago, Illinois

The Department of Obstetrics and Gynecology at Northwestern University Feinberg School of Medicine seeks a full-time non-tenure-eligible Clinician-Educator at the rank of Assistant or Associate Professor. Position responsibilities include the clinical care of outpatients and inpatient consultation; involvement in medical student, resident, and fellow education; and participation in research. Teaching responsibilities will include involvement in student, resident, and fellow education. An interest in clinical research or another pathway for academic career advancement is encouraged.

Applicants must be board-certified or board-eligible. Salary and academic appointment will be commensurate with achievements and experience. The start date is negotiable and the position will remain open until filled.

Please read ALL instructions and make preparations before proceeding to the application page:

- Applications will only be accepted via online submission (see link below).
- Please prepare all documents in advance as Adobe PDF files, and please be sure all information is entered correctly and accurately (especially names and email addresses), as there will be no opportunity for online revision after your application has been submitted.
- All required fields in the application form are marked with an asterisk and must be filled before clicking the “Submit” button.
- Be aware that incomplete applications cannot be saved.

Application URL: https://facultyrecruiting.northwestern.edu/apply/ODA0

Questions: Dhaval.Shah@nm.org

Northwestern University, Feinberg School of Medicine
Department of Obstetrics and Gynecology
Division of Minimally Invasive Gynecologic Surgery