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Fellowship in Minimally Invasive Gynecologic Surgery

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PROGRAM REQUIREMENTS FOR FELLOWSHIP IN MINIMALLY INVASIVE GYNECOLOGIC SURGERY

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REQUIREMENTS FOR A POST-GRADUATE FELLOWSHIP IN THE SUBSPECIALTY AREA OF MINIMALLY INVASIVE GYNECOLOGIC SURGERY

A. Introduction

Fellowships in Minimally Invasive Gynecologic Surgery in the US / Canada (FMIGS) and outside the US / Canada (FMIGS-International, FMIGS-I) are intensive training programs preparing the graduate for advanced minimally invasive gynecologic surgery (MIGS) expertise. The FMIGS Board is a Professional Interest Partner under the auspices of the AAGL and accredits all FMIGS and FMIGS-I programs.

B. Mission

The mission of the fellowship is to provide a uniform training program for gynecologists who have completed 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.

C. 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 at a level surpassing competence expected by completion of a categorical residency.

D. Fellowship Training Program Requirements

The MIGS Fellowship consists of a minimum of two years of continuous education, training, and research following completion of an obstetrics and gynecology residency.

1. Fellowship Program 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, CMO), department chairperson and the FMIGS Board must approve the

fellowship director. The fellowship director must have adequate time and salary support for a minimum of 8 hours per week on average to oversee and prioritize the training and have no conflicts of interest that could interfere with this responsibility (e.g. serve as PD for another fellowship, CMO).

A program coordinator must be designated to assist with administrative aspects of the program and receive compensation for time spent.

The fellowship director must:

1. Have surgical training and clinical experience
2. Have educational and administrative experience
3. Have documented scholarly expertise in MIGS by:
    1. publication of at least one original research or review article in a peer-reviewed journal within the past two years and at least of two of the three items within the past two years:
        a. peer-reviewed funding
        b. presentation at regional or national professional and scientific society meetings
        c. serve as a reviewer for a major journal
4. Maintain current certification by the applicable country of practice e.g. ABOG or FRCSC in the obstetrics and gynecology specialty and subspecialty (when applicable) and in Focused Practice: MIGS (US) when applicable
5. Have completed an AAGL-accredited 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 [1]
6. Have current medical licensure and appropriate medical staff appointment
7. Have a minimum of 4 years' independent practice post-fellowship experience
8. Directly supervise the education and mentoring of fellows to ensure that they receive the appropriate clinical instruction and training to provide safe patient care
9. Ensure that each fellow completes the research requirements by assigning a research mentor and monitoring compliance
10. Evaluate and document the fellow's performance as described below

[1] FMIGS-I program directors may demonstrate MIGS competency based on case list experience

11. File an Annual Report with the FMIGS Board
12. Respond in a timely fashion (within ten days) to any inquiry made by the FMIGS Board or Site Review and Compliance committee
13. Ensure a safe learning environment
14. Ensure that the annual fees and any additional fees related to the fellowship program are paid within 60 days of being due
15. Be an active member of the AAGL and in good standing

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 and department to identify a qualified fellowship director who is available and willing to provide the fellow with the required training. Fellowship programs can identify additional Associate Program Directors for oversight at additional training sites (see below). The Associate Program Director(s) located at the primary site must be an AAGL member in good standing.

Fellowship Director Changes

The FMIGS Board must approve a change in fellowship director. A letter must be sent electronically to the FMIGS office (within 30 days) and indicate the resignation of the fellowship director and the appointment of an interim fellowship director until the matter has been considered by the Board. The Board reserves the right to require additional information and/or site visit.

2. *Core Faculty*

There must be adequate faculty with special interest, expertise, and scholarly activity related to MIGS that participate in the care of patients and the education of fellows.

3. Facilities

1. All MIGS fellowships (with the exception of military programs) 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]

2. The primary hospital facilities must be equipped to provide state-of-the-art inpatient and outpatient MIGS experiences.
3. Sites must provide a private and clean location where fellows may lactate and store the milk (i.e. refrigerator). These locations should be in close proximity to clinical responsibilities.
4. Clinical information systems or libraries and/or online information systems, including those relevant to the subspecialty, must be readily available as resources for patient care and clinical research at the host institution.
5. A breadth of skills and simulation training must be integrated into fellowship instruction.
6. Research support must be available.
7. Fellows must be provided with dedicated, secluded academic space (i.e. fellow office) that is accessible and appropriately located within the clinical environment
8. 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, updated every 10 years. An Associate Program Director may be designated to oversee fellow training at each ancillary site. The ancillary site(s) 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 and possibly Associate Program Director 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.

E. Educational Objectives

All Educational Objectives (https://bit.ly/2IsgtLZ) are directed toward the standardization of training in minimally invasive gynecologic surgery. These objectives must be addressed in a structured and systematic manner during the

[2] This requirement does not apply to FMIG-I programs.

training period. The fellowship director must ensure that fellows are provided and encouraged to complete the *FMIGS Core-Reading List* (https://bit.ly/3ir0njt) and surgical video curriculum (surgeryu.com).

F. Curriculum

1. Didactic. Education of fellows must include dedicated, structured and documented teaching conferences that review both the basic science and clinical aspects of the specialty as outlined in the Educational Objectives and facilitated by faculty. The fellow's schedule and responsibilities must be structured and protected (i.e. free of clinical duties) to allow regular attendance at didactics, simulation training, and national conferences. Fellows must have progressive teaching responsibilities for resident physicians and ideally with all types of learners (e.g. medical and/or nursing students).

2. Clinical. The clinical experience of inpatient and outpatient care must include a sufficient number and variety of cases to fulfill the Educational Objectives.

   A) The fellow must be involved with the preoperative planning and care, the surgical care, and the postoperative management of surgical patients.
   B) 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 must be supervised in all clinical activities, including surgical procedures. The FMIGS Surgical Competency List (https://bit.ly/2FIXrih) must be used and completed for each fellow by the end of the fellowship training.
   C) Surgical procedures available for the fellow must include but are not limited to: diagnostic and operative hysteroscopy, diagnostic and operative laparoscopy, laparotomy, robotic surgery, and ambulatory procedures. Additionally, the program must ensure fellow competency in vaginal hysterectomy, the management of small and large bowel concerns as it relates to complex gynecologic disease, and gynecologic conditions that may impact fertility (e.g., uterine septum, intrauterine adhesions, and uterine leiomyomas).
   D) Fellowships must ensure that graduates perform the minimum number and types of surgical cases prior to graduation as specified in the case minimum list (https://bit.ly/2HRNGl7). Fellowship leadership must

confirm on a weekly basis that cases are being appropriately entered into the case log system.

E) The majority of each 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.

F) Programs may emphasize specific areas of specialization within MIGS (such as pelvic pain) as an augmentation to the core curriculum.

G) Programs must have an education over service educational milieu.

Schedule

The core 2-year fellowship must 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 must be prepared for both year -1 and -2 and available when requested. 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.

G. 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 in one or more of these topics 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 must:

A) Provide structured 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 (i.e. proven track record of hypothesis-based research publications) in clinical research and is available and regularly meets (e.g. monthly) with and mentors 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 and ultimately must be submitted for publication to a peer-reviewed journal by the end of fellowship. Writing a textbook chapter, clinical opinion review article, or production of an educational/scientific video does not meet criteria for an approved research project. It is the expectation that the fellow thesis will result in publication.

H. 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 1), teaching skills, and scholarly research project development.

I. FELLOWSHIP DATES, LEAVE AND TRANSFER

Each program may be approved for a maximum of 2 fellows unless an increase has been requested and granted by the FMIGS Board. An increase in fellow complement will be considered if there exists adequate surgical volume, clinical experience, and research mentorship to support this expansion and that the current fellow experience will be enhanced.

START DATE

All fellows will be required to start no later than August 1st. Later start date requests will be given individual consideration. An administrative fee will be incurred if the fellowship program is unable to start fellowship training by August 1st. If the start date is delayed for any reason, the fellow's program must still

adhere to the minimum 22-month unrestricted clinical training requirements as described below. [3]

Leave

Leave may be granted to a fellow at the discretion of the Fellowship director in accordance with local policy but cannot exceed the limits listed below. Such leaves include maternity, paternity, sick, medical, vacation, funeral, personal, etc. A Fellow's travel to regional, national, or international meetings to attend or present research conducted during the program or travel to attend other program-approved educational activities should be counted as an educational endeavor and not as a leave.

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

- Up to 6 weeks in the first year;
- Up to 6 weeks in the second year;
- Not to exceed a 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, the expected completion date must be extended for the duration of time in excess of the maximum leave. This extension must not detract from the experience of the other fellows in the program.

J. 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 (new) program:

[3] Fellowships outside the US/Canada may have a different start date.

i. Approving the transfer
ii. Outlining the dates the fellow is expected to commence and complete the program

The fellow must still meet the 22-month clinical training requirement even if portions of that interval are spent in more than one location. 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.

K. Requirements for Graduation

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

Requirements for graduation will include:

1. Satisfactory unrestricted clinical and surgical training as outlined by the FMIGS Board
2. Completion of an original research project as described above.
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.

L. 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.

1. *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.

Formative Evaluation The supervising faculty must regularly evaluate (i.e. minimum of 5 evaluations/month per fellow) fellow performance in a timely manner after clinical or surgical encounters and document this evaluation using myTIPreport. 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 (i.e. faculty, patients, self, and other professional staff)
- Document progressive fellow performance improvement appropriate to education level

Summative Evaluation The Program Director must perform a summative evaluation on each fellow at the completion of the fellowship. This may replace the final semi-annual evaluation. The evaluation must:

- Document the fellow's performance during the final period of education. This document must be accessible the FMIGS Board or its designee.
- Verify that the fellow has demonstrated sufficient competence to practice without direct supervision

2. *Faculty Evaluation*

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

- Each fellow – Must be written (typically electronic) 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.

3. *Program Evaluation*

A meeting to discuss the educational and research mentoring effectiveness of the program and 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 used to improve the program. This document must be accessible the FMIGS Board or its designee.

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)

- Any additional material that can be used to judge the achievement of the program's educational objectives

M. 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.

N. POLICIES

1. Anti-Harassment Policy

All faculty involved with fellowship training must be in compliance with AAGL's policies to interact with each other for the purposes of professional development and scholarly interchange so that all members may learn, network and enjoy the company of colleagues in a professional atmosphere. Every individual associated with the AAGL has a duty to maintain this environment free of harassment and intimidation. The program director must indicate that they have read and will comply with AAGL's Anti-Harassment policy in the annual report. If a complaint is made by a trainee, it shall be addressed as set forth in the AAGL Anti-Harassment policy referenced above. The complaint will be investigated and adjudicated by a committee appointed according to the AAGL's Grievance Committee Policy. Any reported allegations of harassment, discrimination, and/or retaliation will be taken seriously and investigated promptly, thoroughly and impartially as outlined in the Anti-Harassment policy.

All program directors and associate program directors must complete sensitivity training every other year and document compliance in the annual report and at the site visit.

2. *FMIGS Grievance Policy (other than anti-harassment)*

Fellows that are concerned about their training experience may contact the FMIGS grievance committee and are referred to the FMIGS Grievance Policy https://bit.ly/2zHqIUJ. If a formal grievance is waged, it will by pursued and acted by the AAGL Grievance Committee and/or the FMIGS Grievance Committee.

O. *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 must be advised about deficiencies and the expectations for improvement must be clearly delineated. This must occur 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, must 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 must be provided to the trainee in person and in writing.

Probation

Clearly suboptimal academic and/or clinical performance may warrant probation. The action must 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 must be delineated. The trainee must 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 must be explained to the fellow member in person and in writing. As with a probationary letter, the trainee must be advised that his/her academic file is always available for review and that he/she may appeal the decision. The trainee must 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 (e.g., dereliction of duty) that 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.

<u>Timing issues</u>

A probationary period must 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.

P. ***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.

Fellowship programs will be evaluated continuously on their compliance with the program requirements. If a program is found to have areas of non-compliance (deficiencies or areas of concern), the FMIGS Board will list these citations, and expect the program to come into compliance in the time period designated. Based on the number, severity and/or persistence of these citations, a program may be given a warning, placed on probation or accreditation may be withdrawn. Fellowships on probation may not recruit for fellows and must notify the current fellows. Please see the FMIGS Accreditation and Review Policy on the website for more details.

If there are any significant or unexpected changes in the program or status of the fellow (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).

Q. ***Fatigue Monitoring and Mitigation/Duty Hours***

The FMIGS Board requires that the ACGME Fatigue Mitigaton and duty hour guidelines are followed. Detailed information can be accessed at: https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRFellowship2020.pdf

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

1. Monitor according to the program policy, with a frequency sufficient to ensure duty hour compliance
2. Ensure the provision of back up support systems for patient care
3. Educate core faculty members and fellows to recognize the signs of fatigue and sleep deprivation
4. 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

R. *Stipend and Benefits*[4]

Fellows must be provided a stipend which must be at the minimum equivalent to a PGY-5 or -6 housestaff 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 is strongly encouraged to provide time and support for the following benefits:

1. Travel to the Global Congress of the AAGL and Bootcamp (if applicable)
2. Certification as console surgeon for robotically-assisted laparoscopy

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[4] *FMIGS-I Stipend and Benefits*

Prior to an interview, 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 possible stipend and other financial support; vacations; parental, sick and other leaves of absence. The FMIGS-I training program must ensure that irrespective of the rotation site, the fellow has the financial means to support themselves during training, will not be liable should a legal defense be required, has the means and support to perform research, has health insurance.

The program must inform the candidate about whether the following recommended benefits are provided travel to the Global Congress of the AAGL and Bootcamp and 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 a restrictive covenant clause, they must notify both the FMIGS Board and notify (in writing) all applicants before an initial interview is scheduled.

S. Application Process

The FMIGS Board actively encourages applications from Obstetrician-Gynecologist physicians aspiring to develop their surgical skills in MIGS. Please see the 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.

T. Match[5]

The Fellowship match is conducted through an objective computer matching program (NRMP). Programs and applicants are required to use the match process. No candidate at any time can be offered a position outside the NRMP match without prior approval from the FMIGS Board. If a fellowship program intends to accept a specific candidate outside the match (e.g. graduating resident from their program), they must contact the FMIGS NRMP representative (https://bit.ly/2UsP3qW), obtain FMIGS Board approval for the match waiver and 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.

[5] Matching into an FMIGS-I program will take place after the NRMP match results have been released.

U. Further Information

For further inquiries, please contact the FMIGS Administrative Assistant:

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E-mail: fmigs@aagl.org • Web Site: www.aagl.org

V. Appendix 1: 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