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FELLOWSHIP IN MINIMALLY INVASIVE SURGERY (MIS) AND ADVANCED GYNECOLOGIC DISORDERS

**Department of Obstetrics and Gynecology
Florida Hospital Orlando**

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Fellowship Overview

Over the past two decades minimally invasive surgery (laparoscopy or MIS) has become standard in gynecologic surgery; useful in a variety of ways ranging from a diagnostic tool to an interventional surgical tool even in cases of advanced gynecologic disease. Laparoscopy boasts many advantages including the ability to diagnose visceral pathology, provide surgical treatment with minimally invasive techniques if necessary, and shorter hospital stay while avoiding the morbidity of a laparotomy. To the detriment of our patients, MIS remains largely underutilized when more advanced surgery is necessary. For example, more than 40% of laparoscopies are used for exploratory and diagnostic purposes in patients with chronic pelvic pain, and yet less than 15% of hysterectomies are being performed using minimally invasive techniques. The little use of laparoscopy for advanced gynecologic surgery is largely blamed on the lack of laparoscopic training provided in Obstetrics and Gynecology residency programs.

In this fellowship program we propose that to become a proficient MIS surgeon, a provider must have:

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

As part of a large community based tertiary medical center, the Florida Hospital Department of Obstetrics and Gynecology is a high-volume teaching environment that will expose post-graduate fellows to an extensive breadth of gynecologic disorders, and advanced gynecologic MIS, abdominal and vaginal surgery; it is an ideal setting to provide additional training for post-graduate fellows seeking clinical and academic expertise in these fields.

Our primary goal is to train those who will provide top quality patient care and education, and be leaders in gynecologic laparoscopy and in treatment of advanced gynecologic disorders such as pelvic pain, endometriosis, vulvovaginal dermatoses, pelvic organ prolapse and menopausal care.

Training Objectives and Fellowship Description

The Florida Department of Ob-Gyn offers a two-year Fellowship in MIS and Advanced Gynecologic Disorders designed to be started after completion of a four-year residency in obstetrics and gynecology.

As a department we perform over 800 benign gynecologic surgeries per year, 75% of these cases are minimally invasive, 15% vaginal and 5% are abdominal. In our **gynecology** practice about 2,100 new patients are seen annually, along with over 7,200 return visits. Patients are referred from gynecologists, primary care physicians and other specialists from the Orlando area and from around the Southeastern United States. A growing number of patients are self-referring after learning of our

experience with laparoscopic surgery from physicians, friends, or the Internet. As a result, fellows in this training program will receive a level of laparoscopic and gynecologic training far above the average university medical center in the United States.

Graduating fellows will be proficient in all aspects of gynecologic laparoscopic surgery, including: complicated hysterectomies (both supra-cervical and complete), both conservative and definitive surgery for advanced stages of endometriosis, and robotic surgery. In addition, this is a clinically broad fellowship that allows post-graduate trainees to gain extensive experience in a variety of advanced gynecologic disorders such as chronic pelvic pain disorders (e.g. endometriosis, irritable bowel syndrome, interstitial cystitis), pelvic organ prolapse, vulvovaginal disorders (e.g vestibulitis, vulvar dermatoses, vulvodynia, chronic vaginitis) and much more. Pain management will be taught in closely mentored clinical settings by Dr. Lamvu, and will be influenced by relationships with the pain management programs such as the Center for Women’s Pelvic Rehabilitation. Post-graduate trainees will have the opportunity to rotate through different programs including physical therapy, urogynecology, urology and gastroenterology.

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

Below we provide a sample weekly schedule and a two year schedule for each fellow:

First Year Fellow					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Surgeries	Surgeries	Rounds Research	Rounds Administrative	Rounds Clinic
Noon				Fellow Didactic	EBM Didactic or research project design
Afternoon	Surgeries	Research	Research	Clinic	Clinic

Second Year Fellow					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Rounds Research	Rounds Research	Surgeries	Surgeries	Administrative
Noon		Resident didactic		Fellow Didactic	EBM Didactic or research project review
Afternoon	Research	Clinic	Surgeries	Research	Clinic

In the above calendar the fellows will be attending a didactic core lecture each week. In addition, the second year fellow is expected to present 1 grand rounds and 2 resident lectures. Once a month fellows will attend a journal review that emphasizes clinical and research methodology. The first year fellow schedule will include 6 core Epidemiology and Biostatistics courses over 16 weeks and an additional 6 weeks will be devoted to research project design.

Yearly Schedule

Year One		
	Clinical	Research
Summer (July to August)	Orientation to EMR, operating room and clinical operations Clinic with Dr. Lamvu and associate faculty. Orientation to office minimally invasive procedures Billing and coding core lectures	EBM, Epi, Biostatistics and Research design core lectures continue until November.
Fall (August to December)	Begin basic gynecology clinic. Continue pelvic pain and vulvovaginal disorders clinic with Dr. Lamvu. Begin didactic core lectures	Design research project.
Spring (January-May)	Continue general gynecology clinic. Begin pelvic pain and vulvovaginal disorders clinic without faculty assistance.	Begin data collection.
Year Two		
	Clinical	Research
Summer (July to August)	By the second year the fellow should be able to perform most clinical and surgical duties independent of the assistant faculty (except for supervision during surgical procedures and assistance with difficult clinical cases)	Data collection and review.
Fall (August to December)		Data collection and presentation or publication.
Spring (January-May)		Data collection and presentation or publication.

Fellowship Benefits

This is a salaried 2 year fellowship that will provide an annual salary of approximately \$50,000 for the first year and \$51,000 for the second year. Trainee benefits, including life and disability insurances are provided. Fellow educational expenses are reimbursed; approximately \$3,250 for educational travel and \$2,500 for society memberships and licensure. Professional liability insurance for gynecologic practice is provided. Fellows receive 3 weeks vacation / personal time per year and major holidays are also free of clinical duties except for call. Five working days per year are available for CME related travel, although special allowances are made if the fellow is invited for presentation at national meetings. A hospital sponsored tax-sheltered annuity retirement plan is available.

Teaching and Call Duty Responsibilities

Fellows will interact with residents and medical students on a daily basis during gynecology inpatient rounds, surgical cases and clinic. Fellows are expected to serve as teachers and to promote student and resident education in a positive and thorough manner. Fellows will be asked to prepare 1 to 2 didactic lectures for the students each year and present at one grand rounds during the second year of the fellowship. Each fellow will also be asked at journal review twice a year. In addition, fellows will be required to conduct one major research project and present at national meetings as appropriate. Fellows may have 2 to 4 nights of gynecology call each month (no obstetrics call). Cafeteria meals are provided while on duty. Fellows are expected to conduct inpatient rounds 2-3 days per week. As part of the inpatient experience fellows will also cover emergency room and inpatient consultations.

Mentorship, Evaluation and Career Development

This program will focus intensely on career development and practice management through regular mentorship and evaluation meetings. Each fellow will be scheduled to meet with Dr. Lamvu on a bi-monthly basis. Fellows will also be evaluated for all departmental faculty, students and residents using an evaluation form; see contents. Each evaluation will be reviewed with the trainee; both positive or negative evaluations. Fellows will have the opportunity to discuss progress, problems or future plans with departmental faculty and the mentor. Any problems will be addressed in a formal manner with an inquiry, discussion and plan of action that is agreed upon by the mentor and the fellow. When agreement cannot be reached, help will be obtained first from the program director, second from the departmental chairman and lastly from the fellowship / review committee.

Application Requirements

All applicants must submit applications through mail, email or fax. Applications will also be accepted through the AAGL match process.

- 1) US Graduates:
Successfully completed an ACGME accredited Obstetrics and Gynecology Residency Program in the United States and be Board Eligible in Obstetrics and Gynecology.
Non-US Graduates:
a) Doctor of Medicine diploma without reservation and should complete OB-GYN Residency from an accredited residency program.
- 2) Successfully passed USMLE I, USMLE II and USMLE III (United States Medical Licensing Examination)
- 3) A Transcript must be submitted directly from the FSMB (Federation of State Medical Boards)
- 4) Doctor of Medicine diploma without reservations
- 5) Three letters of recommendation including one from a supervising faculty and another from the departmental chairman where the applicant completed residency. A third letter from a colleague (not family)
- 6) A curriculum vitae describing education and other life experiences, see example of "application" provided
- 7) Acceptable explanation of break in education (if necessary)
- 8) Fluency in spoken and written English
- 9) A personal statement reflecting on career goals and reasons for applying to the fellowship program.

Reasons for Ineligibility:

- 1) Applicant does not meet all the eligibility requirements
- 2) Applicant's personal statement does not reflect appropriate temperament or understanding or commitment to the practice of gynecology
- 3) Applicant did not present favorable impression to faculty and/or resident physicians during interviews or time spent at Florida Hospital
- 4) Applicant's affect during preliminary interactions with staff suggests incompatibility with the Mission and Values of Florida Hospital.
- 5) Applicant not able or willing to arrange a personal interview at Florida Hospital.
- 6) Medical Board exams (USMLE or COMLEX) not passed or more than two attempts were made to pass before being successful.

Selection Process

Once an applicant is determined to have met the eligibility criteria, the program director may invite them for an interview. All applications must be made through mail or fax and must be complete before an applicant can be offered an interview. Interviews are set up according to AAGL guidelines. Interviews are set up starting at 8:00 am and include behavioral medicine faculty, clinical faculty, program and program director. Each fellow will be asked to spend one day in interviews and one day shadowing the program director and faculty in order to obtain a better

understanding of our program. Thus, the interviewing process will last 1-2 days. The decision to accept an applicant will be made by the fellowship director, the director of Graduate Medical Education, and the Director of the Florida Hospital Orlando Department of Obstetrics and Gynecology.

The new fellow is contacted by the Fellowship director to confirm the fellowship acceptance by the first week in March, the fellow will have two weeks to respond to the invitation to join the program; acceptance will be requested in writing. After confirmation of acceptance, a letter of intent, contract, schedule request forms and other required documents are prepared and sent to the applicant within four weeks. The required documents include a Fellow Manual and GME Manual.

Faculty

Principal Faculty

Georgine Lamvu, MD, MPH –Director

Dr. Lamvu received her medical degree from the Duke University School of Medicine. She completed her OB/GYN Residency and fellowship in Advanced Laparoscopy and Pelvic Pain at the University of North Carolina (UNC). In addition to winning numerous awards for teaching and research, Dr. Lamvu has published articles in several medical journals and presented her research at many conferences throughout the country. She is an active member of the American Association of Gynecologic Laparoscopists, International Pelvic Pain Society, and American Society for Reproductive Medicine, among many other organizations. Prior to joining the Loch Haven OB/GYN Group in 2007, Dr. Lamvu served as assistant professor in the Division of Advanced Laparoscopy and Pelvic Pain at UNC. Dr. Lamvu has special interest and expertise in MIS, pelvic pain, vulvovaginal disorders and gynecologic office procedures. She also holds a masters degree in Epidemiology and research methodology.

At Florida Hospital (Orlando), Dr. Lamvu serves as Medical Director of Inpatient and Emergency Gynecology and Assistant Medical Director for the Department of Obstetrics and G

Dr. Lamvu will be primarily responsible for the daily workings of the fellowship, fellowship curriculum, surgical experience and fellow evaluation. She will also guide fellow research and publications. She will present the didactic biostatistics lecture series, and the pelvic pain, vulvo-vaginal disorders and pain management lecture series.

D. Ashley Hill, MD – Assistant Director

Dr. Hill has been both Medical Director of Florida Hospital's Loch Haven OB/GYN Group and Associate Director for the Department of Obstetrics and Gynecology Graduate Medical Education Department since 1998. He received his medical degree from the University of South Florida College of Medicine. He completed an internship at Louisiana State University's Charity Hospital in New Orleans, and residency training at the University of South Florida College of Medicine in Tampa. Dr. Hill has published a number of papers in medical journals and on the Internet. He serves as a reviewer

for *The British Journal of Obstetrics and Gynecology*, *Obstetrics and Gynecology* and *American Family Physician*. His special interests are in gynecological surgery, ultrasonography, and medical education. He is a member of the American Association of Gynecologic Laparoscopists and is Board Certified by the American Board of Obstetrics and Gynecology. Dr. Hill will serve as assistant director for the fellowship. He will also be responsible for the didactic gynecology didactic series, especially those on abnormal uterine bleeding and medical and surgical management of uterine fibroids. He will serve on the fellow selection committee and actively participate in fellow interviews.

Associate Faculty

Scott Boone, MD - Dr. Boone received his medical degree from the University of North Carolina, Chapel Hill School of Medicine, on a full academic scholarship. He completed his obstetrics and gynecology residency training at the University of Florida, Jacksonville. Dr. Boone also has two years of Family Medicine residency training through the University of South Carolina. His interests are women's health and political issues. Dr. Boone is the former chair of the Florida Hospital Department of Ob/Gyn and is Board Certified by the American Board of Obstetrics and Gynecology. His special interests and expertise include pre-menopausal and post-menopausal hormone therapy. Fellows will attend his didactic lectures on these topics and they will also attend his clinic.

Michael Cacciatore, MD - Dr. Cacciatore joined the Loch Haven OB/GYN Group in January 2006. Prior to this, he ran a private OB/GYN practice in Americus, Georgia for 10 years. In addition, he served in many leadership roles with the Sumter Regional Hospital, including Chief OB/GYN, Authority Board Member, and member of the Ethics, Infectious Disease, and Wellness committees. In 2004 and 2005, residents voted him "Best Physician in Sumter County." In 1996, Dr. Cacciatore completed his residency at the University of South Florida College of Medicine in Tampa, Florida, where he also earned his medical degree. He has been board certified with the American Board of Obstetrics and Gynecology since November 1998. Dr. Cacciatore has won several awards for teaching during his residency. He was very active in graduate and medical school honor societies, and won awards including the "Outstanding Young Men of America Award." He was also ranked number one in his class in medical school. Dr. Cacciatore has been active in research during his practice, and also has published a number of articles in various medical publications. His professional interests include teaching, laparoscopic surgery, and infertility. Dr. Cacciatore will teach the fellows about abnormal pregnancies and laparoscopic management of ectopic pregnancies.

Mark Crider, MD-Dr. Crider received his medical degree from the University of Kentucky College of Medicine. He performed his internship in general surgery at Wake Forest University before completing his OB/GYN Residency at Bethesda North Hospital in Cincinnati, Ohio. Dr. Crider is certified by the American Board of Obstetrics and Gynecology. Prior to joining the Loch Haven OB/GYN Group in July 2007, Dr. Crider

practiced in Celebration, Florida, for three years. Areas of special interest include infertility, polycystic ovarian syndrome, and minimally invasive surgery (laparoscopy, laparoscopic hysterectomy, hysteroscopy, and bladder suspension). Dr. Crider will be responsible for didactic and clinical exposure to gynecologic sonography (including saline infusion sonography) and management of adnexal masses.

Fred Hoover, MD- Dr. Hoover is a lifetime resident of Central Florida and has practiced obstetrics and gynecology in the Orlando area since 1984. He received his medical degree from the University of South Florida College of Medicine and completed his residency training at the University of South Alabama Medical Center. Dr. Hoover served as the chair of the Florida Hospital Ob/Gyn Department from 1990 through 1992, and again from 2001 to 2003. Dr. Hoover's professional interests include operative laparoscopy and vaginal repair surgery. Dr. Hoover has agreed to teach the fellows about pelvic anatomy, surgical repair of pelvic organ prolapse, urodynamic evaluation of the bladder.

Kristen Jackson, MD- Dr. Jackson completed her residency training at Abington Memorial Hospital in Pennsylvania, after attending Hahnemann University in Philadelphia. As part of her medical education, she performed medical research and won scholarships and awards. She also served as an OB/GYN faculty member for resident physicians at Abington Memorial. Dr. Jackson is the Clerkship Director for OB/GYN at the Florida State University College of Medicine. Memberships include the Florida Medical Association, Association of Professors of Gynecology and Obstetrics (APGO), and Prenatal Pediatric Ethics Committee. Her professional interests including hormone therapy, minimally invasive surgery and urinary incontinence and she will be primarily responsible for teaching the fellows about diagnosis and management of urinary incontinence.

Christopher Walker, MD-Dr. Walker completed his residency training at the University of Kansas. Dr. Walker has published papers in medical journals and has won research awards. In addition, he has won a number of teaching awards and was honored by his colleagues and nurses by being recognized as one of the top five resident physicians at the University of Kansas Medical Center. His interests include medical education, contraception and surgical gynecology. Dr. Walker will present a lecture series on hormonal and non-hormonal contraception and family planning techniques including minimally invasive sterilization.

Additional associate faculty from the departments of Surgery, Gastroenterology, Reproductive Endocrinology, Urology and Physical Therapy are also involved in didactic and clinical teaching of fellows.

Fellowship Curriculum And Educational Objectives

In its 2009-2010 application the American College of Gynecologic Laparoscopists requires that any Laparoscopy and Gynecology Fellowship provide the following

educational objectives: "The endoscopy fellowship program is a program covering all aspects of endoscopy including hysteroscopy, laparoscopy, benign gynecology, pelvic support, and reproductive surgery as well as knowledge of endoscopic urology and general gynecology.

Anatomy

- (1) Know the anatomic structures of the pelvis, including the bony structures, muscle, blood vessels, lymphatics, and nerves
- (2) Know the pelvic viscera, their anatomic relationships to one another, and to the other structures of the pelvis
- (3) Understand the embryology of the pelvic viscera
- (4) Know the layers, vascular supply, and nerve supply of the abdominal wall
- (5) Be familiar with the retroperitoneum and retroperitoneal spaces of the pelvis, including the prevesical space (Space of Retzius), the paravesical space, the vesicovaginal space, the pararectal space, and the presacral space
- (6) Know the course of the ureter and the major vessels through the lower abdomen and pelvis
- (7) Know the structures of the pelvic floor and their relationship to structures visualized at laparoscopy

Instrumentation

- (1) Understand alternative video-cameras, light sources and insufflators available
- (2) Be familiar with instruments to access peritoneal cavity; veress needle, trocars
- (3) Know the principals behind various optical instruments, micro- and macrolaparoscopes
- (4) Be familiar with forceps for grasping, holding, manipulating, dissection, and typing
- (5) Understand the use of needle holders, curved, straight, fine for microsuturing
- (6) Thoroughly understand the physics behind electrosurgical instrumentations; unipolar forceps, needles, probes
- (7) Be familiar with irrigators/aspirators, irrigating fluids

Operative Laparoscopy

- (1) Know the role of laparoscopy in the diagnosis and management of gynecologic disease
- (2) Understand the advantages and disadvantages of laparoscopic surgery in gynecology
- (3) Know the instruments that are utilized in laparoscopic access to the peritoneal cavity
- (4) Be aware of the various approaches to establish a pneumoperitoneum; i.e. entry sites
- (5) Be familiar with open and closed laparoscopy
- (6) Understand the disposable and reusable instruments
- (7) Understand the various power sources utilized in laparoscopic surgery
- (8) Know the anatomic landmarks of the anterior abdominal wall to safely introduce the principal and accessory trocars
- (9) Know the anatomic landmarks of the abdominal/pelvic cavity and its organs
- (10) Recognize normal versus abnormal anatomy, organs, and disease processes of the peritoneal space

Operative Hysteroscopy

- (1) Know the anatomy and physiology of the cervical canal and endometrial cavity
- (2) Understand the properties of the different fluid distension media, their complications, and their treatments
- (3) Be familiar with automated fluid management systems, fluid pumps, and other ancillary information used in hysteroscopy
- (4) Understand the principals of continuous flow hysteroscopic instrumentation
- (5) Know the indications, methods and complications associated with endometrial ablation
- (6) Know the indications, methods and complications associated with hysteroscopic myomectomy
- (7) Know the indications, methods and complications associated with lysis of intrauterine adhesions

(8) Know the indications, methods and complications associated with incision/excision of uterine septum

(9) Know the indications, methods and complications associated with hysteroscopic tubal cannulation

Benign Gynecology

Ectopic pregnancy

(1) Describe the major risk factors to ectopic pregnancy

(2) Describe the differential diagnosis of ectopic pregnancy

(3) Perform and interpret the tests necessary to confirm the diagnosis including accurate performance of transvaginal ultrasound

(4) Describe the indications, success and complications of medical management including prognosis for future pregnancy

(5) Describe the indications, complications and success of endoscopic surgery including prognosis for future pregnancy

(6) Perform laparoscopic salpingectomy, linear salpingostomy and partial salpingectomy

(7) Describe the diagnosis and treatment options for nontubal ectopic pregnancy

(8) Knowledge of endoscopic approach to nontubal ectopic pregnancy

Recurrent pregnancy loss

(1) Describe the causes of recurrent pregnancy loss and the diagnostic testing

(2) Describe congenital uterine malformations and role in recurrent pregnancy loss

(3) Describe surgical procedures to treat congenital uterine malformations

(4) Perform uterine septum resection

(5) Describe causes and diagnosis of Asherman's Syndrome

(6) Perform hysteroscopic uterine lysis of synechiae

(7) Describe the role of myomas in recurrent pregnancy loss and accurately counsel patients

(8) Perform myomectomy – hysteroscopic, laparoscopic and abdominally

(9) Understand the role of hydrosalpinx in recurrent pregnancy loss and treatment options

Sterilization

(1) Describe the methods of tubal ligations, how to perform them, and the rates

(2) Describe history of hysteroscopic sterilization

(3) Perform laparoscopic tubal occlusion

Abnormal Uterine Bleeding

(1) Describe the causes of abnormal uterine bleeding and appropriate tests to establish an accurate diagnosis

(2) Perform transvaginal sonography and hysterosonography

(3) Perform office hysteroscopy

(4) Treat abnormal uterine bleeding medically

(5) Perform operative hysteroscopy and endometrial ablation

(6) Describe types of endometrial ablation including risks and success

(7) Describe pros and cons of abdominal hysterectomy, vaginal hysterectomy, laparoscopic assisted vaginal hysterectomy, laparoscopic supracervical hysterectomy, laparoscopic assisted vaginal hysterectomy, laparoscopic supracervical hysterectomy, and total laparoscopic hysterectomy

(8) Perform laparoscopic assisted vaginal hysterectomy, laparoscopic supracervical hysterectomy and total laparoscopic hysterectomy

Adnexal Masses

(1) Describe the differential diagnosis of adnexal masses and the appropriate testing

to confirm the diagnosis

- (2) Perform transvaginal ultrasound with accurate interpretation to narrow differential diagnosis
- (3) Describe management options of functional vs. pathologic ovarian cyst.
- (4) Describe ovarian cancer risks by age, ultrasound appearance and markers
- (5) Describe risks of laparoscopic approach to ovarian cancer
- (6) Perform laparoscopic ovarian cystectomy for benign adnexal path including endometrioma, dermoid cyst, fibroma, and paratubalcy
- (7) Describe management options for tubo-ovarian abscess and role of laparoscopy
- (8) Perform laparoscopy for tubo-ovarian abscess
- (9) Describe appropriate evaluation and treatment for hydrosalpinx
- (10) Perform salpingectomy and neosalpingostomy
- (11) Describe the evaluation of adnexal masses in pregnancy. Describe optimal timing of surgery and the use of the laparoscopic approach in pregnancy
- (12) Perform laparoscopic surgery in pregnancy for evaluation and treatment of adnexal mass

Uterine Myoma

Describe differential diagnosis and evaluation of uterine masses

Describe indication for treatment of uterine masses

Describe role of uterine myoma in infertility and pregnancy

Describe treatment option for myomas including success and risks

Manage patients undergoing uterine artery embolization

Perform hysteroscopic resection of myoma

Perform laparoscopic myomectomy

Perform laparoscopic hysterectomy for uterine myoma

Chronic Pelvic Pain

- (1) Describe the causes of pelvic pain and the evaluation indicated to make an accurate diagnosis
- (2) Describe or perform the injection of an anesthetic to trigger point
- (3) Describe or perform laparoscopy under IV sedation with pain mapping
- (4) Describe or perform transvaginal hydrolaparoscopy
- (5) Describe treatment options and their success for chronic pelvic pain

Endometriosis

- (1) Describe pathogenesis theories and common symptoms of endometriosis
- (2) Describe common physical exam and ultrasound findings for endometriosis and the role of other testing
- (3) Describe medical management alternatives and their success in infertility pain management
- (4) Describe ASRM staging system and its limitation
- (5) Perform operative laparoscopy for all stages of endometriosis. Perform ablation of endometriosis and peritoneal resection of endometriosis
- (6) Perform ureterolysis and cul de sac dissection for ovarian fossa and cul de sac endometriosis
- (7) Perform ovarian cystectomy and/or ovarian ablation for endometrioma
- (8) Perform or describe treatment of endometriosis involving the bladder, ureter, colon, small bowel, or diaphragm
- (9) Perform or describe laparoscopic presacral neurectomy

Reproductive Surgery

- (1) Know microsurgical principles as they apply to pelvic laparoscopic surgery
- (2) Be able to perform lysis of adhesions
- (3) Be prepared to laparoscopically treat endometriosis by ablation and excision
- (4) Be capable of performing a laparoscopic fimbrioplasty, neosalpingostomy, and neosalpingostomy
- (5) Be able to laparoscopically treat ectopic pregnancy
- (6) Be aware of laparoscopic techniques for tubal anastomosis

Urogynecology

Stress Urinary Incontinence (SUI)

- (1) Know the appropriate work-ups and proper diagnosis for various types of Stress Urinary Incontinence
- (2) Be familiar with Laparoscopic Burch Colposuspension for the treatment of Genuine Stress Urinary Incontinence (GSUI) due to loss of fibromuscular support of anterior vaginal wall and hypermobility of the urethra.
- (3) Know the techniques for Endoscopic Periurethral Collagen Injection for GS secondary to Intrinsic Sphincteric Deficiency (ISD) with a well supported urethra.
- (4) Laparoscopic Suburethral Sling Procedure for GSUI secondary to Intrinsic Sphincteric Deficiency (ISD) and hypermobile urethra or failed Periurethral Collagen Injection

Endoscopic Pelvic Floor Reconstruction

- (1) Be able to accomplish restoration of the integrity of fibromuscular vaginal tube by performing laparoscopic enterocele repair
- (2) Be prepared to achieve resuspension of the apex of the vagina to the level is ischial spine by using one of the various endoscopic techniques: uterosacral ligaments vaginal vault suspension, sacrospinous ligament vaginal vault suspension or sacro-colpopexy

(3) Know how to perform correction of the cystocele and restoration of the support of the anterior vaginal wall by performing laparoscopic Paravaginal repair

(4) Know how to perform correction of the rectocele by reattaching the rectovaginal septum to the perineal body and medial fascia of levator ani.

General Urology

(1) Be able to perform cystoscopy and ureteral stent placement

(2) Be able to perform urodynamic testing

(3) Be capable of performing a laparoscopic cystotomy repair

(4) Be capable of performing a laparoscopic ureterolysis

(5) Be able to perform a laparoscopic ureterotomy repair and ureteroureterostomy

General Surgery

(1) Be able to perform laparoscopic appendectomy

(2) Be able to perform laparoscopic enterolysis

(3) Be able to describe and manage the complications of bowel surgery

Coding

(1) Understanding correct coding procedures including CPT and ICD-9 crosslinking

(2) Understanding proper use of modifiers

(3) Understanding current BPT as well as HCFA guidelines for coding evaluation/management services

(4) Understanding the principles behind the Correct Coding Initiatives bundling edits to avoid "unbundling" services

(5) Understand the definition and proper application of the surgical "global period"

(6) Be aware of coding resources available to physicians

Complications

- (1) Know the anatomic landmarks of the abdominal wall and of the pelvis that are important for laparoscopic access and endoscopic surgery
- (2) Understand safe trocar placement and insertion to reduce complications
- (3) Know potential complications associated with laparoscopic surgery
- (4) Thoroughly understand the safe and effective use of power (electricity, laser, ultrasonic energy) instruments in the endoscopic surgery
- (5) Be familiar with surgical endoscopic techniques that facilitate exposure and reduce the incidence of complications
- (6) Know how to diagnose and manage endoscopic complications

Medico-legal Issues

- (1) Understand the definition of medical malpractice
- (2) Be aware of procedures/situations which create increased risk for litigation
- (3) Know the meaning of and practice true informed consent
- (4) Develop excellent documentation and charting skills
- (5) Know the appropriate methods for decreasing the risk of litigation when complications occur

eral surgery as it relates to gynecology.

Research and scholarly activity

The Advanced Endoscopy Fellowship requires that a research component be included in the curriculum. The research may be either laboratory based or clinical; it should be conducted during the Fellowship program. Publication of the work is recommended but not required. Forums for presentation of the research will be provided at the AAGL and ASRM Annual Meetings. If the investigation is not published, presentation at one of the above venues is required as evidence for completion of this requirement.

In addition to the research component, it is highly recommended that the fellow complete a formal course in either research methodology or statistics. It is also suggested that the fellow be exposed to training in the use of medical literature databases, including Medline and the Cochrane Library.

- 1) In designing a research project, the following components are recommended:
- 2) A clear statement of the hypothesis to be tested
- 3) A review of pertinent literature necessary to formulate the hypothesis and to determine its level of importance
- 4) A review and critique of available methodology
- 5) The methodology chosen to test the hypothesis
- 6) The results of the study, with appropriate statistical analysis
- 7) Commentary regarding the results and how they affect the practice of endoscopy.

Additional or follow-up investigations are suggested. The research component of the fellowship should ideally be completed by the conclusion of the fellowship year, but may be extended beyond that time. Completion and presentation and/or acceptance for publication is required prior to certification

Advanced Gynecology Curriculum Lecture Series*

Lecture Topics

Abdominal wall and pelvic myofascial pain / trigger points
Abnormal uterine bleeding
Adhesions
Adnexal masses: ovarian masses
Adnexal masses: Ovarian remnant syndrome
Coding and Billing
Constipation
Contraception and Sterilization
Depression
Drug addiction
Ectopic pregnancy
Endometriosis and endosalpingiosis
Epidemiology, Biostatistics and Research Methodology (6 lecture series)
Female sexual dysfunction
Fibroids
Fibromyalgia
Headache
Hernias
Interstitial cystitis
Irritable bowel syndrome
Laparoscopy and Instrumentation: Energy sources, access and closure, specimen removal, endosuturing
Laparoscopy: Anatomy
Laparoscopy: Burch
Laparoscopy: Hysterectomy
Laparoscopy: Hysteroscopy and cystoscopy
Laparoscopy: Instruments and pneumoperitoneum
Medical-Legal Issues in gynecology
Narcotic management of pain
Neuropathic pain
Neurophysiology and neuroanatomy of the pelvic floor
Non-narcotic management of pain
Obesity
Operative hysteroscopy
Pelvic Anatomy
Pelvic congestion syndrome
Pelvic floor prolapse
Pelvic inflammatory disease
Pelvic pain: physical examination
Pelvic pain: taking a history
Pelvic pain: treatment options for dyspareunia
Physical and Sexual abuse
Post-operative pain
Pre-operative evaluation and post-operative care
Recurrent pregnancy loss
Urinary incontinence
Urinary stress incontinence
Vulvodynia and vestibulitis

***Each fellow will be expected to attend the annual meetings of the IPPS and the AAGL. These course requirements can be filled by attending lectures focusing on these topics. Lecture series takes place over 2 years.**

Fundamentals of Research- Biostatistics and Epidemiology Core Lecture Series

This is an introductory course to research design, epidemiology and biostatistics designed for health care professionals interested in critical medical literature review and in conducting clinical research. This lecture series is completed over 16 weeks.

Lecture Topics

Overview of Study Design
Research Methods and Publication
Fundamentals of Biostatistics
Randomized Controlled Trials
Bias
Curriculum Vitae and Career Planning
Diagnostic Tests
Sampling and Sample Size
Normal Distribution
Estimation and Statistical Inference
Exploratory Data Analysis- Continuous Data
Exploratory Data Analysis-Categorical Data
Missing Data
Confounding and Interaction
Analysis of Variance-Comparing Two Groups
Analysis of Variance- Comparing More Than Two Groups
Simple Linear Regression
Multiple Regression
Survival Analysis

APPLICATION



Fellowship in Minimally Invasive Surgery (MIS)
and
Advanced Gynecologic Disorders
Department of Obstetrics and Gynecology
Florida Hospital, Orlando Florida

Date Application is Received: ___/___/____ (dd/mm/yyyy)

Applicant Biographical Information

Last Name:	First Name:	Middle Initial:
Birth Date: --/--/---- (mm/dd/yyyy)	Place of Birth: / (City/Country)	U.S Citizen: Yes / No If "No" Visa Status:
Social Security Number:	Medical License Number:	State Where License Was Issued:

Contact Address

Address:	City:	Zip Code:
Contact Phone Number:	Contact Email:	Contact Fax If Available:

Additional Contact Phone Number If Available:

With this form please include a curriculum vitae describing the following: undergraduate education, post-graduate and medical education, years or attendance, degrees obtained, AND THREE LETTERS OF REFERENCE. The complete application and letters of reference should be addressed to:

**Dr. Georgine Lamvu
235 E Princeton Street, Suite 200
Orlando, Florida 32804**

Applicants also have the option of submitting their application through the American Association of Gynecologic Laparoscopists (AAGL). If a fellow chooses to go through the AAGL match process a separate application is not needed.

FELLOW EVALUATIONS

FELLOW EVALUATION FORM

Fellow Name: _____

Date: _____

Fellowship Level (year): 1 2 3

Block Number: _____

Comments expected regarding any "Marginal" and "Does Not Meet Expectations" areas.

I. PATIENT CARE

Elicit subjective information from the patient, or appropriate informant, in an accurate, logical, and organized manner.			
<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Marginal	<input type="checkbox"/> Meets expectations	<input type="checkbox"/> Exceeds expectations
Obtains insufficient information for adequate clinical care.	Marginally meets expectations.	Solicits information adequate for diagnosis; improves during rotation.	Elicits difficult or sensitive information.
Perform an examination that is thorough, technically correct, and appropriate to the clinical situation. Properly interpret abnormal physical findings			
<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Marginal	<input type="checkbox"/> Meets expectations	<input type="checkbox"/> Exceeds expectations
Cannot identify pertinent findings. Unable to relate findings to illness; misinterprets findings.	Marginally meets expectations.	Identifies pertinent findings; improves over course of rotation. Relates findings to illness.	Discovers additional unrelated findings. Discovers subtle findings and relates to illness.
Remain sensitive to issues of patient privacy and comfort during the examination.			
<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Marginal	<input type="checkbox"/> Meets expectations	<input type="checkbox"/> Exceeds expectations
Disregard for patient comfort or modesty; continually defers pelvic or rectal examinations.	Marginally meets expectations.	Usually sensitive and comforting.	Consistently sensitive to privacy and comfort.

II. MEDICAL KNOWLEDGE

Demonstrate basic knowledge of pathophysiology, mechanisms of disease, wellness promotion, diagnosis and treatment.			
<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Marginal	<input type="checkbox"/> Meets expectations	<input type="checkbox"/> Exceeds expectations
Obtains insufficient information for adequate discussion. Does not improve knowledge base. Limited and fragmented knowledge. Unaware of limits of own knowledge.	Marginally meets expectations.	Demonstrates acquisition of information adequate for diagnosis; Improves during rotation. Self-aware of knowledge limits.	Demonstrates acquisition of specific and detailed knowledge. Integrates basic science into clinical discussions.
Create a differential diagnosis relevant to the clinical situation and discuss a rationale for establishing a final diagnosis.			
<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Marginal	<input type="checkbox"/> Meets expectations	<input type="checkbox"/> Exceeds expectations
Persistent difficulty in discussing diagnosis and treatment rationales. Discussions are unsupported by evidence or logic.	Marginally meets expectations.	Usually has an adequate differential diagnosis and suggests an appropriate treatment plan.	Develops a sophisticated differential diagnosis and suggests an advanced treatment plan..

III. PRACTICE BASED LEARNING

Seek focused evidence-based information related to their clinical experiences.			
<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Marginal	<input type="checkbox"/> Meets expectations	<input type="checkbox"/> Exceeds expectations
Fails to include such evidence in clinical discussion.	Marginally meets expectations.	Usually includes this information. Improves use of EBM over rotation.	Consistently solicits and includes this information.

IV. INTERPERSONAL COMMUNICATION SKILLS

Clearly presents patient cases in an accurate, organized and concise manner			
<input type="checkbox"/> Does not meet expectations Obtains insufficient and/or irrelevant information for adequate discussion and documentation. Unaware of presentation limits.	<input type="checkbox"/> Marginal Marginally meets expectations.	<input type="checkbox"/> Meets expectations Communicates pertinent information in accurate and organized manner	<input type="checkbox"/> Exceeds expectations Presentations reflect incorporation of patient research and/or literature information not readily available. Presentation is concise.

Clearly, respectfully, empathetically and with cultural sensitivity communicate with patients, families, allied health professionals and physician colleagues			
<input type="checkbox"/> Does not meet expectations Exhibit blocking behaviors such as arrogance; Non-verbal cues of non-participation.	<input type="checkbox"/> Marginal Marginally meets expectations.	<input type="checkbox"/> Meets expectations Communicates without jargon when talking with patients. Communicates using appropriate terminology with colleagues Is respectful.	<input type="checkbox"/> Exceeds expectations Makes patients, families and colleagues feel comfortable in discussions.

V. PROFESSIONALISM

Display an attitude of professionalism in all clinical activities	
<input type="checkbox"/> Does not meet expectations Is often tardy, ill prepared, inappropriately attired, or unequipped. Irresponsible, absent without excuse. Fails to complete assignments in a timely manner	<input type="checkbox"/> Meets expectations Punctual, properly equipped and prepared. Acts responsibly and is accountable for attendance. Completes assigned tasks, post-tests and presentations in a timely manner.

Respects the patients right to privacy and confidentiality.	
<input type="checkbox"/> Does not meet expectations Inattentive or willfully careless with patients' privacy and/or confidentiality.	<input type="checkbox"/> Meets expectations Usually discreet, takes care to protect and maintain patients' privacy and confidentiality.

VI. SYSTEMS BASED PRACTICE

Has an understanding of the individual patient in the global healthcare system			
<input type="checkbox"/> Does not meet expectations Poor utilization of resources. Multiple unnecessary referrals. Unaware of the financial impact of the patient's illness.	<input type="checkbox"/> Marginal Marginally meets expectations.	<input type="checkbox"/> Meets expectations Adequate utilization of resources. Appropriately refers in the majority of cases. Inquires about patient's resources and needs.	<input type="checkbox"/> Exceeds expectations Effectively utilizes resources. Judiciously consults specialists. Aware of patient's needs and appropriately assists with linking them to community resources.

VII. SURGICAL ACUMEN

Is able to perform surgical procedures appropriate to level of training.			
<input type="checkbox"/> Does not meet expectations Does not use appropriate surgical technique and in opinion of faculty requires significant further training.	<input type="checkbox"/> Marginal Marginally meets expectations. Substantial further training required.	<input type="checkbox"/> Meets expectations Usually able to perform surgical procedures. Still requires further training.	<input type="checkbox"/> Exceeds expectations Consistently able to perform surgical procedures using excellent technique. .

Demonstrates appropriate knowledge of intra- and post-operative complications.			
<input type="checkbox"/> Does not meet expectations Does not understand pathophysiology of surgical complications or recognize them in a timely manner.	<input type="checkbox"/> Marginal Marginally meets expectations.	<input type="checkbox"/> Meets expectations Usually demonstrates knowledge of intra- and post-operative complications and manages these appropriately.	<input type="checkbox"/> Exceeds expectations Rapidly and effectively diagnoses intra- and post-operative complications and manages them in safe and appropriate manner.

OVERALL COMMENTS:

1. Commendations:

2. Improvements Advised:

3. Suggested Methods for improvements:

Date: _____ Date: _____

Fellow: _____ Evaluator: _____

**FELLOW GRADUATION CHECK LIST AND SURGICAL EXPERIENCE
ROSTER**

GRADUATION CHECKLIST

TASK	COMPLETION DATE	ATTENDING
Mentor meeting 1- July Year 1		
Mentor meeting 2- Sept Year 1		
Mentor meeting 3- Nov Year 1		
Mentor meeting 4 Jan Year 1		
Mentor meeting 5 Mar Year 1		
Mentor meeting 6 May Year 1		
Mentor meeting 7- July Year 2		
Mentor meeting 8- Sept Year 2		
Mentor meeting 9- Nov Year 2		
Mentor meeting 10 Jan Year 2		
Mentor meeting 11 Mar Year 2		
Mentor meeting 12 May Year 2		
Grand Rounds Year 2		
Resident Lecture Year 1		
Resident Lecture Year 2		
Research poster		
Research presentation		
Research publication or manuscript		
Complete Bistatistics Didactic Series		
Complete Didactic Series		
Attend AAGL		
Attend IPPS		

PPROCEDURAL EXPERIENCE ROSTER

PROCEDURE	TOTAL NUMBER YEAR 1	TOTAL NUMBER YEAR 2	TOTAL
Vaginal Surgery			
Anterior colporrhaphy			
With mesh placement			
Posterior colporrhaphy			
With mesh placement			
Transvaginal / Transobturator slings			
Vaginal reconstructive surgery			
Vaginal Hysterectomy			
Diagnostic Laparoscopy			
Without pain mapping			
With pain mapping			
Cystoscopy			
Operative Laparoscopy			
Endometriosis			
Pelvic Adhesive Disease			
Ectopic pregnancy			
Tubal occlusion			
Tubal reversal			
Fibroids			
Hysterectomy			
Bladder suspension			
Adnexal masses			
Robotic			
Other			
Diagnostic Hysteroscopy			
Inpatient			
Clinic			
Operative Hysteroscopy			
Neoplasia			
Uterine synechiae			
Tubal cannulation / occlusion			
Polyps			
Endometrial resection			
Endometrial ablation			
Other			
Bladder instillations-office			
Urodynamics-office			
Endometrial ablation-office			
Essure procedure-office			