



SOCIETY OF LAPAROSCOPIC & ROBOTIC SURGEONS
PROGRAM REQUIREMENTS FOR A POST-GRADUATE

*FELLOWSHIPS IN SPECIALIZED MINIMALLY INVASIVE AND
ROBOTIC SURGERY(SMIRS)*

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I. Introduction

The SLS Fellowship in Specialized Minimally Invasive and Robotic Surgery (SMIRS) is an intensive training endeavor preparing the graduate for advanced specialized minimally invasive and robotic surgery. SLS formed the SMIRS training program because of its commitment to provide an individualized educational opportunity for physicians who are interested in advancing the surgical field, while pursuing a career in minimally invasive and robotic surgery and increasing their expertise. While minimally invasive surgery Fellowships are both respected and coveted, the American Council for Graduate Medical Education (ACGME) does not yet formally recognize these minimally invasive surgical Fellowships.

The mission of the SMIRS Program is to provide a training for gynecologists, urologists, and general surgeons who have completed their residency and seek to acquire additional knowledge and surgical skills in a specialized surgical discipline or disease process so they may: serve as a scholarly and surgical resource for the community in which they practice; have the ability to care for patients with complex surgical disease using specialized minimally invasive techniques; establish sites that will provide leadership in advanced endoscopic surgery; and further research in minimally invasive surgery.

II. Educational Objectives

The Educational Objective is to provide an organized educational program with guidance and supervision to facilitate personal and professional development while advancing MIS. There is a focus on evidence—based medicine, anatomical principles, instrumentation, operative laparoscopy, robotic—assisted minimally invasive surgery, operative and natural orifice surgery. The Fellowship:

1. Provides experience in preoperative, operative, and postoperative care for patients undergoing advanced minimally invasive and robotic procedures
2. Support and encourage Fellow participation in research
3. Provides Fellows with the opportunity to maintain continuity of care for their patients through office visits and home call.
4. Supports open communication and feedback between the program and the preceptee throughout the year
5. Provides exposure to a sufficient number of surgical cases to advance operative skill and surgical judgment.
6. Provides a working environment that is optimal for Fellow education and patient care.

III. Eligibility & Selection*

**-See Section VII for detailed information concerning Surgical Simulation Fellowships*

I. Applicant Eligibility Criteria:

1. Accredited Residency Training completion

- Certificate or letter of completion with dates of training
- Two Letters of recommendations from program faculty or from surgical colleagues (if currently in practice)

2. LCME (Liaison Committee of Medical Education) graduates must have:

- Doctor of Medicine diploma without reservation
- Dean's letter
- Successful completion of all steps of the USMLE (United States Medical Licensing Examination) at first attempt with a minimum score of 200 (80)
 - Transcript directly from the FSMB (Federation of State Medical Boards)
- Acceptable explanation of any break in education (if applicable)
- Demonstrated written and spoken fluency in English language
- Proof of citizenship or resident alien status

3. AOA Graduates:

- Doctor of Osteopathy diploma without reservation
- Dean's letter
- Successful completion of all steps of COMLEX (Comprehensive Osteopathic Medical Licensing Examination) at first attempt with a minimum score of 500 (80)
 - Transcript directly from the NBOME (National Board of Osteopathic Medical Examiners)
- Acceptable explanation of any break in education (if applicable)
- Demonstrated written and spoken fluency in English language
- Proof of citizenship or resident alien status

4. International Medical Graduates (IMGs)

- Doctor of Medicine diploma (or its equivalent) without reservations (translation of degree into English by certified translator and notarized if necessary)
- Successfully passed USMLE at first attempt (United States Medical Licensing Examination) with a minimum score of 200 (80)
- Current and valid ECFMG (Education Council of Foreign Medical Graduates) certificate.
- Letter from residency program director (if applicable)
- Acceptable explanation of any break in education (if applicable)
- Demonstrated written and spoken fluency in English language
- Proof of citizenship or resident alien status as required by Florida Hospital Human Resources

II. Reasons for Ineligibility:

1. Applicant does not demonstrate sufficient commitment to the specialty of Minimally Invasive Surgery.
2. Quality of personal statement (content, typographical and grammatical errors), indicates inattention to detail and lack of focus on specialty.
3. Limited verbal and written skills in English language, including but not limited to inability to write clearly and legibly.

III. Selection:

1. Application must be complete (including letters of recommendation) by October 1st and applicant must meet eligibility requirements in order to be considered for interview.
2. If interview is offered, applicant will be contacted via letter, telephone, or email and applicant will be instructed to contact the center office to arrange for an appointment.
3. Interviews will take place between October- February
4. Each interviewer completes an evaluation form which includes for areas:
 - Professional direction
 - Personal characteristics and interpersonal communication skills
 - Clinical competence
 - Overall potential as a fellow in our program.The scores are calculated and summarized (Interview Composite Score)
5. The files are reviewed and screened by the Program Director. The following criteria are utilized.
 - Personal Statement
 - USMLE scores
 - Letters of recommendationThe scores are calculated and summarized (Screening Composite Score)
6. The Program Director meets with the MIS faculty and fellows to review the file and all interview results for each candidate and a rank list is created.
7. All applicants who have been interviewed will be reviewed for ranking by the selection committee.
8. The Program Director will contact applicants to determine continued level of interest and to answer any questions.
9. New fellows who have been selected will be sent a Letter of Intent, sample contract, and other required documents and information. Required documents will include malpractice application, training license application, and Program Manual. These applications must be completed and returned to the Coordinator within four weeks of receipt.
10. Final personalized contracts are prepared and forwarded to the new fellows within the 30 days.
11. Orientation schedules, dates and requirements are sent to the new fellows as soon as they become available.

IV. Program Curriculum

The curriculum will be comprised of didactic teaching, clinical experience, research and self-learning. The curriculum will vary depending upon the specific site of the Fellowship and State and hospital licensing and credentialing regulations as may be applicable.

- a. Education will include structured teaching, conferences, seminars, and didactic instruction. The Fellow's schedule and responsibilities may be structured to allow attendance at national conferences.
- b. The clinical experience will include the volume and variety of cases to fulfill the Educational Objectives. The Fellow must be capable of performing all procedures relevant to the clinical practice of the subspecialty. The Fellow should be supervised in all clinical activities, including surgical procedures.
- c. Research training should include structured basic science, translational, clinical, or surgical research to improve understanding of the latest scientific surgical techniques, promote the Fellow's academic contributions to the specialty and further the ability of the Fellow to be an independent investigator. The Fellow is expected to present his/her work at the SLS MISWeek or other SLS educational program as may be offered. The scholarly contribution can be a video, oral or poster presentation. The expectations and integration of other research endeavors will vary with each program.

V. Fellow Evaluation & Requirements

Upon successful completion of the Fellowship, each Fellow will receive a certificate of completion from SLS noting the completion of an SMIRS training experience.

Requirements for graduation will include:

1. Satisfactory clinical and surgical training as outlined by the individual program.
2. Completion of at least eleven months of training.
3. The completion and submission of a detailed procedure log to SLS at the conclusion of the Fellowship experience
4. Presentation of a scientific contribution at the SLS meeting. The contribution can be a video, oral or poster presentation.
5. Fellow evaluation of their educational Fellowship experience and Fellowship director at the conclusion of the Fellowship experience.

VI. Policies

a. Anti-Harassment

View a complete description of the Anti-Harassment policy [here](#)

b. Stipend and Benefits

Fellows may be provided a stipend. This is negotiable between the Fellow and Program Director.

The following benefits are required:

- The Fellowship must provide Fellows with professional liability coverage 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, if the alleged acts or omissions of the Fellows are within the scope of the program.

The following benefits are recommended:

- Health and Disability insurance
- Research associated costs (IRB, equipment, publication or presentation related fees)
- Travel to the SLS annual meeting

VII. Surgical Simulation Fellowship Program

I. Eligibility:

1. Faculty from academic institutions are encouraged to apply. Applicants must be an MD and be enrolled or have completed a residency in any surgically-oriented field. International candidates with the intent on developing a simulation center/program in their home country are encouraged to apply; evidence from the candidate's institution indicating their wish for applicant to lead their SIM program is required.
2. If a medical license is not obtained, there is an option to be accepted as "SLS Research Fellow" for a one year or two-year period without the opportunity to have direct patient contact. Additional specific documentation for the individual Fellowship Program may be required.

II. Requirements

1. Applicants are asked to provide the following:
 - A current curriculum vitae;
 - A personal statement explaining why they are pursuing this fellowship;
 - A letter of recommendation from their institution (including their interest for the applicant to lead their SIM program);
 - A letter of recommendation from a colleague;
 - If English is a second language, TOEFL or IELTS exam scores.

2. The Fellow will also work side by side with the Preceptor and other designated members of the Fellowship training team in the office and observe in the operating room. Academic activities such as research, simulation training, publications, presentations and teaching junior staff will be required. Additionally, the fellow will work on curriculum development, research and personal skill building.
3. During the fellowship year the fellow is generally expected to direct forty percent of effort toward curriculum development, forty percent toward research, and twenty percent to personal skill building. By the end of the fellowship year the fellow is expected to accomplish the following goals:
 - In Curriculum Development:
 - Develop five full curricula, with one of the curricula focused on team-based care;
 - Set up and help teach for all surgical simulation courses;
 - Establish a proposal for the development of a simulation center at your institution using the ACS criteria as a model;
 - Be an active member of the WISH Grants selection committee.
 - In Research:
 - Publish three papers;
 - Design one simulator - click to learn more about the simulation research and development lab at the University of Washington - [CREST](#);
 - Plan and execute at least one multi-center validity study.
 - In Personal Skill Building:
 - An individual plan will be created and tailored to each individual's needs.

III. Benefits

1. A stipend will be available for the Fellowship year for candidates. Paid travel and expense to one annual educational meeting or conference will be covered. All benefits will be provided by the individual Fellowship programs. Complete benefits will be discussed with applicants through the individual Fellowship program.

IV. Documentation of the Fellowship

1. Each Fellow will receive a certificate from the Fellowship program director and SLS noting the successful completion of a Simulation Fellowship experience at the successful completion of the Fellowship and its requirements, signed by the Fellowship Director.

Appendix 1:

I. Sample Surgical Competency List—Gynecology

(Edit to reflect your individualized program and specialty field of study)

Case Type	Understand	Understand and Perform	Supplemental Competency	Pre-Fellowship Competency
Laparoscopic Adhesiolysis				
Mild/moderate				
Severe				
Enterolysis				
Laparoscopic Ovarian Surgery				
Cystectomy				
Adnexal detorsion				
Oophorectomy				
Ovarian drilling				
Oophoropexy				
Ovarian cryopreservation				
Ovarian remnant				
Ovarian transposition				
Laparoscopic Tubal Surgery				
Tubal ligation				
Salpingectomy				
Salpingoscopy				
Neosalpingostomy				
Tubal reanastomosis				
Paratubal cystectomy				
Linear Salpingostomy				
Retroperitoneal Dissection				
Ureterolysis				
Uterine artery ligation				
Space of Retzius dissection				
Presacral neurectomy				
Gastrointestinal and Urinary Procedures				
Ureteral stenting				
Hydrodistension				
Proctosigmoidoscopy				
Cystoscopy				
Office-based Endoscopy				
Diagnostic hysteroscopy (rigid/flexible)				
Operative Hysteroscopy				
Vaginoscopy				
Transvaginal hydrolaparoscopy				
Laparoscopy				

Hysteroscopy				
Diagnostic				
Hysteroscopic Sterilization				
Pregnancy complications - retained POC				
Foreign bodies				
Lysis of synechia - mild, moderate				
Lysis of synechia – severe				
Metroplasty				
Polypectomy				
Myomectomy Type's 0- I - or less than 2cm				
Myomectomy Type II - or greater than 2cm				
Tubal cannulation				
Endometrial Ablation				
Rollerball/endomyometrial resection				
Global endometrial ablation				
Endometriosis Surgery				
Cul de sac dissection				
Segmental bowel resection and anastomosis				
Treatment of superficial endometriosis				
Ureterolysis				
Ureteral reanastomosis				
Ureteral neocystotomy				
Bladder surgery for endometriosis				
Bowel surgery for endometriosis				
Presacral neurectomy				
Appendectomy				
Resection of deep infiltrating endometriosis				
Treatment of extra-pelvic sites endometriosis				
Pelvic Floor Reconstructive Surgery				
Paravaginal Repair				
Mesh and conventional for utero-vaginal prolapse				
Mid-urethral sling				
Colposuspension				
Sacrocolpopexy				
Sacrocolpopexy				
Sacrocolpoperineopexy				
Uterosacral suspension				
Sacrospinous ligament suspension				
Fistula repair				

Hysterectomy +/- BSO				
Laparoscopic Supracervical Hysterectomy				
Total Laparoscopic Hysterectomy				
LAVH				
Trachelectomy				
Vaginal hysterectomy				
Myomectomy				
Laparoscopic myomectomy				
Laparoscopic-assisted myomectomy				
Non-surgical treatment of fibroids				
Laparoscopic uterine artery occlusion				
Pregnancy Related				
Diagnostic/Operative Laparoscopy				
Laparoscopic cerclage				
Correction of congenital anomalies				
Resection of rudimentary uterine horn				
Correction of other lateral and vertical fusion defects				
Creation of neovagina				
Repair of specific conditions				
Cystotomy				
Enterotomy				
Vascular injury				
Ureteral injury				
Oncology Surgery				
Omentectomy				
Pelvic and aortic lymph node dissection				
Radical Hysterectomy with lymph node dissection				
Primary or interval debulking for ovarian cancer				
Imaging				
Transvaginal sonography				
Sonohysterography				
Intraoperative sonography				
Hysterosalpingography				
Transabdominal sonography				
Pain Management				

II. Sample Surgical Case List—General Surgery
(Edit to reflect your individualized program, specialty and field of study)

Case Type	Understand	Understand and Perform	Supplemental Competency	Pre-Fellowship Competency
General Surgery				
Ventral hernia repair includes Lysis of Adhesions				
Sutured Hiatal Hernia included with Laparoscopic Adjustable Band or Gastric Bypass				
Heller Myotomy includes Dor, Nissen, or Toupet				
Paraesophageal Hernia repair includes Dor, Nissen, or Toupet				
Esophagectomy includes Gastric resection, pyloromyotomy, and vagotomy				
Pancreaticoduodenectomy includes cholecystectomy, bile duct resection, pancreatic resection, and bowel resection				
Liver resections include cholecystectomy				
Colon resection includes colostomy or ileostomy				
Gastric resections include gastrojejunostomy, Roux-en-Y anastomosis, and intra-operative EGD's				
Lysis of Adhesions included with any procedure other than SBO				
Small bowel resection and ileostomy				
Paraesophageal Hernia Repair with Adjustable Band or Gastric Bypass				
Cholecystectomy with Hiatal Hernia repair, Band, Bypass, Ventral hernia repair				
Incarcerated ventral, inguinal, or femoral hernia repair and small bowel or large bowel resection				
Distal Pancreatectomy and Splenectomy				
Vagotomy with pylorotomy or antrectomy				
Biliary bypass and Gastrojejunostomy				
Esophagectomy with colon interposition				
Adjustable Band removal included with a Sleeve Gastrectomy or Gastric Bypass				
Intra-operative EGD included with Foregut and bariatric surgery				

III. Sample Surgical Case List—Urology
(Edit to reflect your individualized program, specialty and field of study)

Urology

Case Type	Understand	Understand and Perform	Supplemental Competency	Pre-Fellowship Competency
General Urology				
Cystoscopy				
Insertion of ureteral catheters/stents				
Retrograde pyelogram				
TUR of prostate				
Bladder biopsy				
Transurethral litholopaxy				
Repair of uterovaginal fistula				
Ureterolysis				
Pveloplasty				
Ureteral anastomosis				
Total cystectomy (simple/radical)				
Suprapubic cystostomy				
Vesicourethropexy				
Cutaneous vesicostomy				
Meatotomy				
Orchiectomy				
Hydrocelectomy				
Vasectomy				
Implantation of artificial sphincter				
Nephrectomy				
Partial nephrectomy				
Retroperitoneal lymph node dissection				
Laparoscopic urological procedures				
Microsurgery				
Percutaneous nephrostomy / Access				
Percutaneous nephrolithotomy				
Ureteroscopy (rigid & flexible)				
Nephroureterectomy				

Appendix 2: SMIRS Reference Material

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