



SOCIETY OF LAPAROENDOSCOPIC SURGEONS
PROGRAM REQUIREMENTS FOR A POST-GRADUATE

*FELLOWSHIP IN SPECIALIZED MINIMALLY INVASIVE AND ROBOTIC
SURGERY*

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I. Introduction

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

The mission of the SMIRS Program is to provide a training program for gynecologists, urologists, and general surgeons who have completed their residency and desire 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 via specialized minimally invasive techniques; establish sites that will serve a leadership role 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 board commits to:

- Provide experience in preoperative, operative, and postoperative care for
- Support fellows to participate in research
- Provide Fellows with the opportunity to maintain continuity of care for their patients through office visits and home call.
- Support open communication and feedback between the program and the preceptee throughout the year
- Provide a sufficient number of surgical cases to advance operative skill and surgical judgment.
- Provide a working environment that is optimal for Fellow education and patient care.

III. Recruitment and Application Process

a. Applicant Eligibility:

1. ACGME or AOA-accredited Residency Training

- Certificate or letter of completion with dates of training

- Letter of recommendation from Program Director

2. International Medical Graduates (IMG's):

- Doctor of Medicine diploma (or its equivalent) without reservations (translation of degree into English by certified translator and notarized if necessary)
- Successfully passed USMLE
- Current and valid ECFMG (Education Council of Foreign Medical Graduates) certificate.
- Demonstrated written and spoken fluency in English language

b. Selection:

- Application must be complete (including letters of recommendation) by September 1st
- Applicant must meet eligibility requirements in order to be considered for interview.
- Individual program preceptors will contact the applicant via letter, telephone, or email on their decision to offer an interview on or before October 1st.
- The Interview process and timing will be individualized per program.
- Acceptance may be offered on a rolling basis or by March 1st of the starting academic year.
- Contract, orientation schedules, dates and requirements are sent to the new fellows as soon as available by the individual programs.

IV. Program Curriculum

The curriculum will be comprised of didactic teaching, clinical experience, research and self-learning.

- a. Education should 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 a scientific contribution at the SLS meeting. The 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 from the SLS Board noting the completion of SMIRS training.

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. Procedure log completion and submission to SLS at completion of fellowship
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 completion of fellowship.

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 annual meeting of the SLS

Appendix 1:**I. Sample Surgical Competency List—Gynecology
(Edit to reflect your individualized program)**

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

Transvaginal hydrolaparoscopy	X			
Laparoscopy	X			
Hysteroscopy				
Diagnostic		X		X
Hysteroscopic Sterilization		X		X
Pregnancy complications - retained POC		X		X
Foreign bodies		X		X
Lysis of synechia - mild, moderate		X		X
Lysis of synechia – severe	X		X	
Metroplasty		X		
Polypectomy		X		X
Myomectomy Type's 0- I - or less than 2cm		X		X
Myomectomy Type II - or greater than 2cm		X		
Tubal cannulation	X		X	

Case Type	Understand	Understand and Perform	Supplemental Competency	Pre-Fellowship Competency
Endometrial Ablation				
Rollerball/endomyometrial resection		X		
Global endometrial ablation		X		X
Endometriosis Surgery				
Cul de sac dissection	X		X	
Segmental bowel resection and anastomosis	X		X	
Treatment of superficial endometriosis		X		X
Ureterolysis		X		
Ureteral reanastomosis	X		X	
Ureteral neocystotomy	X		X	
Bladder surgery for endometriosis		X	X	
Bowel surgery for endometriosis	X		X	
Presacral neurectomy	X			
Appendectomy		X	X	
Resection of deep infiltrating endometriosis		X		
Treatment of extra-pelvic sites endometriosis	X		X	
Pelvic Floor Reconstructive Surgery				
Paravaginal Repair	X			
Mesh and conventional for utero-vaginal prolapse	X		X	
Mid-urethral sling		X	X	

Colposuspension	X		X	
Sacrocericopexy	X		X	
Sacrocolpopexy	X		X	
Sacrocolpoperineopexy	X		X	
Uterosacral suspension		X	X	
Sacrospinous ligament suspension	X		X	
Fistula repair	X		X	
Hysterectomy +/- BSO				
Laparoscopic Supracervical Hysterectomy		X		X
Total Laparoscopic Hysterectomy		X		
LAVH		X		X
Trachelectomy		X		
Vaginal hysterectomy		X		X
Myomectomy				
Laparoscopic myomectomy		X		
Laparoscopic-assisted myomectomy	X			
Non-surgical treatment of fibroids	X			X
Laparoscopic uterine artery occlusion		X		
Pregnancy Related				
Diagnostic/Operative Laparoscopy		X		X
Laparoscopic cerclage	X			
Correction of congenital anomalies				
Resection of rudimentary uterine horn		X		
Correction of other lateral and vertical fusion defects	X		X	
Creation of neovagina	X		X	
Repair of specific conditions				
Cystotomy		X		
Enterotomy		X		
Vascular injury	X		X	
Ureteral injury	X		X	

Case Type	Understand	Understand and Perform	Supplemental Competency	Pre-Fellowship Competency
Oncology Surgery				
Omentectomy	X		X	
Pelvic and aortic lymph node dissection	X		X	
Radical Hysterectomy with lymph node dissection	X		X	

Primary or interval debulking for ovarian cancer	X		X	
Imaging				
Transvaginal sonography		X		X
Sonohysterography	X		X	
Intraoperative sonography	X		X	
Hysterosalpingography	X		X	
Transabdominal sonography	X		X	
Pain Management	X		X	

II. Sample Surgical Case List—General Surgery
(Edit to reflect your individualized program)

III. Sample Surgical Case List—Urology
(Edit to reflect your individualized program)

Urology

Case Type	Understand	Understand and Perform	Supplemental Competency	Pre-Fellowship Competency
General Urology				
Cystoscopy				
Insertion of ureteral catheters/stents				
TUR of prostate				
Bladder biopsy				
Transurethral lithotripsy				
Repair of uterovaginal fistula				
Ureterolysis				
Ureteropelvioplasty				
Ureteral anastomosis				
Ureterolithotomy				
Nephropexy				
Pyelolithotomy				
Open renal biopsy				
Total cystectomy				
Suprapubic cystostomy				
Vesicourethropexy				
Cutaneous vesicostomy				
Meatotomy				
Urethrectomy				
Hypospadias repair				
Orchiectomy				
Hydrocelectomy				
Testicular biopsy				
Vasectomy				
Implantation of artificial sphincter				
Penile straightening				
Reanastomosis of vas deferens				
Retroperitoneal lymph node dissection				
Laparoscopic urological procedures				
Microsurgery				
Percutaneous nephrostomy				
Percutaneous lithotripsy				
Ureterscopy				
Radical prostatectomy				

Appendix 2: SMIRS Reference Material

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