

**Society for Laparoendoscopic Surgeons**  
**Fellowship in Specialized Minimally Invasive and Robotic Surgery**  
**Preceptor Program Overview, Objectives, and Application**

**Preceptor Overviews/Objectives:**

1. To teach and provide fellows a level of proficiency with advanced laparoscopic and robotic assisted techniques with respect to the following specialized areas:
  - a. Minimally Invasive and Robotic Assisted General Surgery
  - b. Minimally Invasive and Robotic Assisted Gynecology Surgery
  - c. Minimally Invasive and Robotic Assisted Urology Surgery
  - d. Especially designed multidisciplinary fellowship based on the interest of preceptee and availability of preceptor
2. To educate familiarity with the fundamental principals of clinical research and interpretation of recorded literature and peer reviewed journals.
3. To demonstrate a better understanding in the multidisciplinary management of patients with chronic abdominal and pelvic pain syndromes in conjunction with gynecologic, urologic, thoracic and general surgery.

**Preceptee Expectations:**

- Be available for all surgical cases including emergency cases if occur
- Call coverage for office and surgery patients
- Office and hospital patient management
- Encouraged to research, review and publish scientific articles/videos
- If interested, the completion of a clinical research project

**Current Preceptor Sites:**

**Advanced Fellowship in Reproductive Surgery including management of Hysteroscopic Abnormalities, advanced Multi-organ Endometriosis and Myomas**

Camran Nezhat, MD, FACS, FACOG  
Center for Special Minimally Invasive and Robotic Surgery  
Stanford University Medical Center  
Palo Alto, California  
Fellowship Coordinator: (650) 327-8778

**Advanced Fellowship in General Surgery**

Jay A. Redan, MD, FACS  
Department of General Surgery  
Florida Hospital Celebration Health  
Kissimmee, Florida  
Fellowship Coordinator: (407) 303-4602

## **Surgical Simulation Fellowship**

John Raymond, Program Coordinator  
SimPORTAL  
University of Minnesota  
Minneapolis, Minnesota  
Fellowship Coordinator: (612) 626-5636

## **Representations and Warranties**

By applying to join the SMIRS program, the program director and institution acknowledge:

1. The preceptor will maintain membership in the SLS.
2. All information submitted by the program director in this application is true to the best of our knowledge and belief.
3. The program director has the surgical skills and knowledge to be a SMIRS Preceptor.
4. We have received and read
  - a) Guidelines for the Endoscopic Surgery Fellowship,
  - b) The application form of preceptee, and
  - c) The preceptee questionnaire.
5. We agree to abide by such Fellowship guidelines, policies, procedures, rules, and regulations that may be implemented from time to time.
6. The institution and the program director understand and agree that the SMIRS Board of Trustees may not accept our application for one or more reasons, which do not have to be justified.
7. We agree to practice medicine according to the professional and ethical standards of our specialty.
8. We understand and agree that I, as an applicant to become a **preceptor**, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications. We fully understand that any significant misstatements in our omissions from this application are cause for denial of appointment to or dismissal from the SMIRS program.
9. The program director realizes that the acceptance by the SMIRS Board of Trustees, as the program director, does not necessarily qualify him/her to perform certain procedures.

10. The program director has the primary responsibility of the fellow's training.

## **Fellowship Acknowledgement and Responsibilities**

1. The SMIRS offers a fellowship for applicants accepted by an approved institution. The Fellowship's responsibilities include:
  - a. Providing guidelines for fellowship program.
  - b. Providing evaluation of potential Fellowship sites.
  - c. Approval or disapproval of program directors for fellowship training.
  - d. Providing continuous evaluation of the program director, who will be evaluated not only by the credentials of the preceptor accepted for training, but also upon the skill and knowledge obtained by the preceptor during training.
  - e. Providing application forms for preceptor, program director, and institution.
  - f. Providing a certificate to the preceptor upon completing his/her training, if approved by the program director and the SMIRS Board of Trustees.
2. All details of the fellowship are subject to agreement between preceptor and preceptor. The Fellowship disclaims all responsibilities except those specified in the immediately preceding paragraph.
3. In the performance of all discharge of its obligations pursuant to this Agreement, the institution and program director are at all times acting as an independent contractor engaged in the profession and practice of medicine. Program Director shall employ his own means and methods and exercise his own professional judgment in the performance of such services, and the Fellowship shall have no right of control or direction with respect to such means, methods, or judgments, or with respect to the details of such services. The sole concern of the Fellowship under this Agreement or otherwise is that, irrespective of the means selected, such services shall be provided in a competent, efficient, and satisfactory manner. It is expressly agreed that the institution and program director shall not for any purpose be deemed to be an employee, agent, partner, joint venture, ostensible or apparent agent, servant, or borrowed servant of the Fellowship.

## **Institution Agreements and Responsibilities**

1. If accepted as a SMIRS site, the institution agrees that the SMIRS Board of Trustees may terminate the continued participation as a preceptor site, if the objectives and terms of the fellowship are not being achieved.
2. Institution agrees to not accept any preceptor who has not completed an approved residency program and/or who does not have a license (institutional or

otherwise) to practice medicine in your state and country.

3. As a SMIRS site, the institution accepts and assumes the responsibility for the training of the preceptor and care of patients involved with the training.
4. As a SMIRS site, the institution further acknowledges that this training program will culminate in issuance of a certificate of completion of an approved program, if the program director determines that the preceptor's performance is satisfactory. However, the certificate or issuance thereof does not certify that the fellow:
  - a. is a competent surgeon and physician,
  - b. is eligible for any other certification, or
  - c. has any specialized knowledge, skill, and ability.
5. As an approved SMIRS site, the institution hereby agrees to indemnify the SLS for any claims brought against in connection with the fellowship. The fellowship will not be involved in or bear responsibilities for any claims that might occur as a direct result of patient care rendered by program director and/or the preceptor and the institution, or disputes between the institution or department, the program director or faculty, and the preceptor.
6. As a SMIRS site, institutions reserve the right to terminate a fellowship appointment at any time. However, I must provide the reason(s) of the termination to the SMIRS Board of Trustees.
7. As a SMIRS site, institutions understand and agree that the preceptor will be required to complete an evaluation regarding his/her training experience and that this information will be submitted to the SMIRS Board of Trustees, as privileged information to be used at their discretion.
8. The institution understands and agrees that it is my duty, as a SMIRS site, to make specific arrangements with the preceptor with respect to the duties, responsibilities, liability insurance, and compensation of the preceptor.
9. As a preceptor, I understand and agree that I am responsible of my preceptor's training.
10. The institution acknowledges and agrees to maintain workplace standards described in the SLS Anti-Harassment Policy.

## **Program Director's Acknowledgement and Responsibilities**

1. Once accepted as a program director, I agree that the SMIRS Board of Trustees may discontinue my being the program director, if the objectives and terms of the fellowship are not being achieved.
2. I agree to not accept a preceptor who has not completed an approved OB/GYN residency program and/or who has no license (institutional or otherwise) to

practice medicine in my state and country.

3. I accept the responsibility for the training of the preceptor and care of patients involved with the training.
4. I further acknowledge that this training program will culminate in issuance of a certificate of completion of an approved program, if I feel that the preceptor's performance has been satisfactory. However, the certificate or issuance thereof does not certify that the fellow:
  - a. is a competent surgeon and physician,
  - b. is eligible for any other certification, or
  - c. has any specialized knowledge, skill, and ability.
5. I further acknowledge that the SLS will not be involved in or bear responsibilities for any litigation that might occur as a direct result of patient care rendered by the institution, faculty or preceptor, or disputes between the institution and/or the faculty and/or the preceptor.
6. I reserve the right to terminate a fellowship appointment at any time. However, I must provide the reason(s) of the termination to the SMIRS Board of Trustees.
7. I understand and agree that my preceptor will be required to complete an evaluation regarding his/her training experience and that this information will be submitted to the SMIRS Board of Trustees, as privileged information to be used at their discretion.
8. I understand and agree that it is my duty as preceptor to make specific arrangements with the preceptor with respect to the duties, responsibilities, liability insurance, and compensation of the preceptor.

## **Consent to Release Information**

By applying for appointment (or reappointment) to become a preceptor, I hereby:

1. Signify my willingness to appear for interviews regarding my application;
2. Authorize the SMIRS Board of Trustees and SLS to consult with administrators, employees, and members of medical staffs of hospitals, medical schools, or organizations with which I have been associated with respect to my professional competence, character, and ethical qualifications;
3. Consent to the SMIRS Board of Trustees and SLS for inspection of all records and documents, including, but not limited to, medical records at hospitals, which may be material to an evaluation of my professional competence and my professional and ethical qualifications for the SMIRS. If medical records are reviewed, the identity of the patient will be kept Confidential;

4. Authorize the SMIRS Board of Trustees, SLS, and their representatives to consult with my past and present professional liability insurance carriers or self-insurance trusts with respect to professional liability claims involving me;
5. Consent to the release of information concerning me by hospitals, medical schools, and organizations that are requested by the SMIRS Board of Trustees and SLS to provide information relevant to the evaluation of my application to become a preceptor.

## **Release of Liability**

By applying for appointment (or reappointment) both preceptor and institution, hereby:

1. Release from liability SLS and the SMIRS Board of Trustees, its employees, agents, and representatives, for any and all of their professional review actions with respect to the evaluation of my qualifications and appointment to become a preceptor;
2. Release from liability all individuals and organizations who provide to the SMIRS Board of Trustees and its individual members, SLS, and their representatives, information regarding my professional competence, ethics, character, and other qualifications for an appointment as preceptor; and AGREE TO INDEMNIFY AND HOLD HARMLESS THE SMIRS BOARD OF TRUSTEES, ITS INDIVIDUAL MEMBERS, AGENTS, EMPLOYEES, REPRESENTATIVES, AND ASSIGNS, FROM ANY AND ALL LIABILITY FOR DAMAGES INCURRED TO, IN WHOLE OR IN PART, PERSONS OR PROPERTY ARISING:
  - a. FROM THE ACTS OF THE PRECEPTOR OR THE PRECEPTEE DURING THE COURSE OF THE FELLOWSHIP IN SPECIALIZED MINIMALLY INVASIVE AND ROBOTIC SURGERY, INCLUDING, WITHOUT LIMITATION, LIABILITY FOR INJURIES TO PATIENTS RESULTING FROM TREATMENT GIVEN BY PRECEPTOR OR PRECEPTEE, AND/OR
  - b. PERFORMANCE OF THE RESPONSIBILITIES OF PRECEPTOR OR PRECEPTEE PURSUANT TO THIS APPLICATION AND AGREEMENT.

## **Recruitment, Eligibility & Selection:**

### **Recruitment:**

Goal:

To recruit and train physicians committed to excellence in Minimally Invasive Surgery who:

- A. Will promote, practice, and respect the mission of minimally invasive surgery.
- B. Will be compassionate providers

### **Applicant Eligibility:**

- I. Accredited Residency Training completion
  - A. Certificate or letter of completion with dates of training
  - B. Two Letters of recommendations from program faculty or from surgical colleagues (if currently in practice)
- II. LCME (Liaison Committee of Medical Education) graduates must have:
  - A. Doctor of Medicine diploma without reservation
  - B. Dean's letter
  - C. Successful completion of all steps of the USMLE (United States Medical Licensing Examination) at first attempt with a minimum score of 200 (80)
    - a. Transcript directly from the FSMB (Federation of State Medical Boards)
  - D. Acceptable explanation of any break in education (if applicable)
  - E. Demonstrated written and spoken fluency in English language
  - F. Proof of citizenship or resident alien status
- III. AOA Graduates:
  - A. Doctor of Osteopathy diploma without reservation
  - B. Dean's letter
  - C. Successful completion of all steps of COMLEX (Comprehensive Osteopathic Medical Licensing Examination) at first attempt with a minimum score of 500 (80)
    - a. Transcript directly from the NBOME (National Board of Osteopathic Medical Examiners)
  - D. Acceptable explanation of any break in education (if applicable)
  - E. Demonstrated written and spoken fluency in English language
  - F. Proof of citizenship or resident alien status
- IV. International Medical Graduates (IMG's):
  - A. Doctor of Medicine diploma (or its equivalent) without reservations (translation of degree into English by certified translator and notarized if necessary)
  - B. Successfully passed USMLE at first attempt (see above, II C)
  - C. Current and valid ECFMG (Education Council of Foreign Medical Graduates) certificate.
  - D. Letter from residency program director (if applicable)
  - E. Acceptable explanation of any break in education (if applicable)
  - F. Demonstrated written and spoken fluency in English language

- G. Proof of citizenship or resident alien status as required by Florida Hospital Human Resources

V. Application

- A. Completed application

VI. Reasons for Ineligibility:

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

VII. Non-eligible candidates will not be offered an interview or accepted into Florida Hospital Graduate Medical Education residencies.

VIII. Applicants must have successfully participated in formal clinical training, medical school, residency training, or full-time clinical practice.

IX. The Program Director may permit the waiver of one or more of these requirements under special circumstances.

**Selection:**

- I. Application must be complete (including letters of recommendation) by October 1st and applicant must meet eligibility requirements in order to be considered for interview.
- II. 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.
- III. Interviews will take place between October- February

IV. Each interviewer completes an evaluation form which includes for areas:

- A. Professional direction
- B. Personal characteristics and interpersonal communication skills
- C. Clinical competence
- D. Overall potential as a fellow in our program.

The scores are calculated and summarized (Interview Composite Score)

V. The files are reviewed and screened by the Program Director. The following criteria are utilized.

- A. Personal Statement

- B. USMLE scores
- C. Letters of recommendation

The scores are calculated and summarized (Screening Composite Score)

- VI. 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.
- VII. All applicants who have been interviewed will be reviewed for ranking by the selection committee.
- VIII. The Program Director will contact applicants to determine continued level of interest and to answer any questions.
- IX. New fellows who have been selected will be sent a Letter of Intent, sample contract, and other required. Required documents will include malpractice application, training license application, and Program Manual. These applications must be filled out and returned to the Coordinator within four weeks of receipt.
- X. Final personalized contracts are prepared, sent through the corporate approval process, and forwarded to the new fellows within the 30 days.
- XI. Orientation schedules, dates and requirements are sent to the new fellows as soon as available.

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**Preceptor and Institution Application**

**Name of institution:**

**Institution's address:**

**Type of subspecialty training offered:**

**Preceptor's full name and title:**

**Preceptor's email address:**

**Institution representative's full name and title:**

**Institution representative's email address:**

**Average number of procedures per year:**

**Number of days in the OR per week:**

**Number of fellows the program can accommodate:**

Please submit form via email to [Info@SLS.org](mailto:Info@SLS.org) or fax to (305) 667-4123 for application review. If the program is accepted into the SLS minimally invasive surgery subspecialty-training program, there will be a one-time \$1,500 registration fee and program information and contracts will be mailed to the institution for review and signature.