

Ralph and Berryl Goldman
**Fellowship in Neuro urology, Bladder dysfunction, Pelvic
reconstruction and female urology
at the Jewish General Hospital
Montreal Canada 2009 update**

Fellowship director: Dr Jacques Corcos
Co directors: Dr Marie Claude Lemieux
Dr Jens Erik Walker

Number of positions: 1
Length of fellowship: 2 years.

This fellowship has been designed for Urology or Gynecology residents having completed their training and who wish to acquire an expertise in this field. This fellowship is a 2 years program. Fellows will have to work in at least 3 hospitals (Jewish General, Montreal General and Readaptation institute). This fellowship includes: mandatory lab research for at least 20% of the fellowship, mandatory participation to service rounds, a bimensual oral presentation to members of the department. Participation to a biostatistic and initiation to clinical research course is available and highly suggested.

Application for fellowship :

Applications must be sent to mcGill following the instruction found on the following link
http://www.medicine.mcgill.ca/postgrad/admission_nonministryfunded.htm

Objectives of the fellowship :

Please refer to the JGH Urology department web site (www.jgh.ca)

Fellows responsibilities :

Fellows will be in charge of all clinical activities related to the field that their fellowship covers. It implies but not exclusively the responsibility for pre op and post op care, teaching to patients and their family etc... they may have (if residents request it) to take first calls during week nights and week ends.

They will be also in charge of teaching students and residents in their field of expertise (Urodynamic, evaluation urogynecologic etc..).

Language:

English is the main working and teaching language, however a good knowledge of French is necessary to fully participate at the clinical work. **Priority will be given to bilingual applicants**

Salary.

A salary is available for this fellowship. The amount follows the scale proposed by the Quebec government for residents 6. Details of the salary must be discussed with the program director. It is important that non Canadian fellows realize that a 21000\$ (approximately in 2009) registration fee to McGill is assumed by the program.

Advantages :

The fellow will be authorized to take 4 weeks vacations per year. Dates will have to be imperatively coordinated with the fellowship directors.

The fellow will be encouraged to participate to one national meeting and the AUA meeting. Expenses will be at the charge of the department as far as he (she) has an active participation to the meeting (speaker to a non industry sponsored activity)

Other advantages will have to be negotiated with the fellowship directors.

Health care coverage for non Canadian fellows: The fellow has to get private insurance from the hospital. The department of Human Resources of the hospital has to be provided 4 weeks before his arrival with the right paper work. The forms will be sent to the fellow as soon as his final acceptance.

The fellow needs from the first day of work an hospital number to be eligible for private insurance. His family will be covered by the hospital private insurance.

**FELLOWSHIP IN UROGYNECOLOGY, PELVIC RECONSTRUCTION, AND
NEUROUROLOGY**
in the DEPARTMENT OF UROLOGY and GYNECOLOGY
at MCGILL
(May 2009)

Length of the fellowship 2 years

General Objectives

At the end of their fellowship the physicians will be able to handle a general practice in urogynecology, neurourology , bladder dysfunctions and pelvic reconstruction surgery.

Specific Objectives

For each of the following topics the physician will be able to:

- describe the related anatomy
- detail the pathophysiology processes
- organize and explain all steps of evaluation
- perform these evaluations (see evaluation)
- describe non-pharmacological and/or pharmacological and/or surgical treatment and to discuss their respective indications, contraindications and side effects
- discuss the management of complications related to these treatments

List of Topics

A- UROGYNECOLOGY

- anterior vaginal prolapse
- enterocele
- rectocele
- vault prolapses (abdominal and vaginal approaches)
- hysterectomies
- vesicovaginal fistulae
- urethral fistulae
- urethral diverticulum
- gynaecological developmental anomalies
- pediatric neurogenic bladders
- adult neurogenic bladders
- cystitis and urethritis
- overactive bladder
- urethral syndrome
- vaginitis
- pelvic pain syndrome
- urological changes and complications of pregnancy

- menopause
- anal incontinence *

B-NEURO UROLOGY

- management of bladder dysfunction of spinal cord injury
- of other causes of neurogenic bladders (MS, Parkinson etc..)

C- VOIDING DYSFUNCTIONS

- related to BPH and other causes of BOO

* theory only, no surgical exposure

Additional Specific Surgical Objectives

At the end of the training the fellow will be able to perform:

- intra urethral and intra vesical injection therapy
- vaginal approaches for the treatment of SUI
- retropubic cystourethropexies
- sling procedures (organic and artificial)
- artificial urinary sphincters and slings in males
- electrical implant for the treatment of voiding dysfunction
- complex reconstructive urological surgery
- bladder augmentations
- neobladders and continent diversions
- ileal conduits
- urethroplasties for male urethral diverticulum
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and to discuss:

- effects of pelvic surgery on the lower urinary tract

Other Specific Objectives:

At the end of the training the fellow will be able to:

- discuss the history of urogynecology
- describe epidemiological issues on urogynecologic topics in North America
- choose the best QoL instrument and criticize the literature regarding quality of life assessment in UI
- classify voiding dysfunction
- describe basic embryology of bladder and urethra
- review and criticize the drugs used for treatment of bladder dysfunction in men and women

- perform and analyse voiding diaries
- perform and analyse a pad test
- perform and analyse a urodynamic and video-urodynamic test
- analyse and criticize a nerve conduction test
- perform and interpret a voiding cystogram, an IVP, a hystero-graphy, pelvic floor MRI, transvaginal and trans rectal US
- perform and comment on a cystoscopy
- describe, criticize, and set-up a plan of treatment using behavioural therapy and physiotherapy in the treatment of UI
- comment on prevention of incontinence and prolapse
- analyse the basis for a good clinical research practice
- describe and apply the most common statistical tests.

In order to reach these objectives, the fellow will have access to:

- Dr. Corcos, Dr. Walter and Dr. Lemieux's teaching (one by one teaching on a daily basis) at the clinic, the wards, the cystoscopy suites, the urodynamic lab, and the operating room at the JGH and the MGH
- the radiology department at the JGH and MGH for MRI, transvaginal US, obstetrical US
- private physiotherapy clinics (if necessary)
- the neuro-urology clinics at the Institute de Réadaptation de Montréal and the Shriners Hospital
- the department and McGill libraries
- any other opportunities considered as useful by the fellowship directors

Evaluation of performance

A discussion about performance and feed-back session will be held during the last week of September, the third week of December, the last week of March and a final assessment will occur the second week of June of each year of fellowship. For each of these assessments a written report will be sent to the fellow and to the program director.