

## **NSHA/IWKH Department of Surgery Fellowships** **(Terms of Reference/Code of Conduct)**

**Final Draft: Nov 2014**

**Revision: May 2023**

### **Committee Members**

Dr. Ron El-Hawary – Chair Appointed 2023

Appointed Fellowship Committee members from each of the following Divisions -

- Cardiac Surgery
- General Surgery
- MOTP (General Surgery/Urology)
- Neurosurgery
- Orthopedics
- Orthopedics (Pediatric)
- Otolaryngology
- Plastic Surgery
- Thoracic Surgery
- Pediatric Surgery
- Vascular Surgery
- Director of Education - DOS

### **Fellowship Committee and Chair Appointments:**

The position of Fellowship Committee Chair will be a five-year term. The Committee should be renewed annually under the direction of the Chair and should include at least one consultant from each surgical Division that currently has an active fellow. These individuals should be designated by the Division Chairman. Other interested consultants are welcome at the discretion of the Committee and Chair.

### **Fellowship Application Process:**

The Fellowship Application Form (Appendix I) has been unanimously agreed upon by the Committee. This form will need to be filled out and submitted approximately 9 months prior to the start date of the fellowship. The deadline date does not mean that you can no longer submit an application. The Committee realizes that not all fellowships start on July 1<sup>st</sup>.

### **Fellows Salaries:**

#### **Fellows Remuneration:**

**i. Fellow's salaries –.**

A minimum salary of \$60,000 per year has been agreed to. The Committee realizes that some subspecialties will need to increase this amount to recruit fellows, but the minimum salary will be set at the lower end for the subspecialties that do not have as many assistant codes. This minimum was established based on the Medical Service Unit (MSU) value as of April 1, 2023. It will be reviewed

annually and will increase proportionally to any increases in the MSI Medical Service Unit.

- ii. **Third party fellowship salaries –**  
The Committee would like to be informed of all third-party billings. The Committee asks that all Divisional Committee members bring information concerning third party sources of money. This will allow Committee members to learn of various sources of funding that may be available.
- iii. **Fellowship salaries overage and underage –** It was decided that the monies earned by the fellows will stay at the divisional level and will be at the discretion of the Division as to how any overages or shortages are to be handled. Some Divisions may choose to handle it as a group and pool resources while other may keep it divided by individual mentors. We encourage that overages should be used towards activities within the division that will enhance the research and education of the fellows. If there is force majeure that may affect the ability to generate divisional income to support the salary of fellows, the divisions may seek assistance from Dalhousie Department of Surgery.

### **Fellow's Time Off:**

It was strongly recommended that Fellow's Time Off would ideally be when the preceptor is away. The time off granted to Fellows will be at the discretion of the Fellowship preceptor(s), but a minimum of four weeks off is recommended.

### **Fellow's Conference time and funding thereof:**

Fellows should be funded to attend at least one conference per year. Economy airfare, registration fees and modest accommodations will be paid for if funding is available. Conferences should be attended at the recommendation of the Preceptor. Fellows may also attend additional Conferences at the discretion of the Preceptor and Divisional Chair.

### **Fellowship Registration and Licensing IWKH/NSHA:**

The Fellow licensing requirements must be completed prior to the start date of the Fellowship (Appendix II). The Fellowship administration assistant Lesli Smith will assist with arrangements. This will involve MSI billing numbers, Nova Scotia College of Physicians and Surgeons membership, NSHA/IWKH credentialing and CMPA malpractice insurance. All registration and licensing will be paid for by the fellow.

### **Academic Teaching:**

It is expected that the Fellows will participate in, attend, and conduct academic teaching in their respective Division as required (Appendix III).

### **Locums and Moonlighting:**

Locums may be organized by the Fellow and the host site and approved by the Fellow's preceptor. Locums and moonlighting may only be allowed if academic and clinical requirements are met, and the locum / moonlighting does not interfere with the regular clinical duties of the fellow.

## **Evaluation and Assessment of Fellows**

A variety of methods of assessment may be used to evaluate the academic and clinical performance of SF, depending on the training program, as designed by the surgical fellowship program and Fellowship Supervisor (Appendix IV).

### **Certificates IWKH/NSHA:**

Upon successful completion of the fellowship, a certificate of completion will be provided to the fellow (Appendix V).

**Appendix I:**

Admin Use Only	
Division	
Date Approved	

**Nova Scotia Health - Central Zone/ IWK Hospital**  
**Department of Surgery Fellowship Registration Form**

**Instructions:**

To be completed by the fellowship preceptor (signed by preceptor and Division Head only) and submitted to Department of Surgery Fellowship Committee (Admin: Lesli Smith) six months prior to the start date. If the fellow requires a work permit, the application may need to be submitted earlier, please check the website for processing times at:

<http://www.cic.gc.ca/english/information/times/temp/workers.asp>

**\*\*Please attach a copy of the Fellow's Curriculum Vitae to this application form.**

**Fellow's Full Name:**

**First Name** \_\_\_\_\_

**Middle Name (N/A if none)** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Fellow's Email(s):**

\_\_\_\_\_

**Fellow's Citizenship:**

\_\_\_\_\_

**Fellow's Start and end date:**

\_\_\_\_\_

**Subspecialty of Fellowship:**

\_\_\_\_\_

**Privileges required at: IWK\_\_\_ QEII\_\_\_ HANTS\_\_\_ DGH\_\_\_ ScotiaSurg\_\_\_**

**Other** \_\_\_\_\_

**Preceptor:** \_\_\_\_\_

**Fellow's Salary:** \_\_\_\_\_

**Fellow's method of salary payment (Must include any and all third party sources):**

\_\_\_\_\_

Salary shortfall to be covered by Division \_\_\_\_\_ Yes \_\_\_\_\_ No

Completed Residency Training Dates:

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Fellow's Residency Training Location:

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Fellow's Work after Residency (If Applicable):

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Subspecialty Specific Objectives (please attach):

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\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Division Head

\_\_\_\_\_  
Date

Approval by Fellowship Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

## Appendix II: List of Fellow licensing requirements

1. A License is required at the College of Physicians and Surgeons of Nova Scotia. A listing of the licenses available and the eligibility requirements can be found – [www.cpsns.ns.ca](http://www.cpsns.ns.ca).
2. Dalhousie University has a contract with the following countries: Saudi Arabia, United Emirates, Oman, Kuwait, and Saudi Aramco Oil Company (these countries can change so please check with PGME office). If your fellow is coming from one of the above countries their application would go through the PGME office, Dalhousie University.
3. All IMG fellows will most likely qualify for a defined license - fellowship. Some IMG fellows may qualify for a specialty license at the College of Physicians and Surgeons of Nova Scotia. Please check the list of accepted jurisdictions on the Royal College of Physicians and Surgeons website. ([International medical graduates :: The Royal College of Physicians and Surgeons of Canada](#))
4. All Canadian Trained fellows will apply for a full license if they have their LMCC and FRCSC. If not, they can applied for a defined license – fellowship.
5. The College of Physicians and Surgeons of Nova Scotia does have an English language proficiency policy. Please check on the website at the College for the latest policy ([www.cpsns.ns.ca](http://www.cpsns.ns.ca)) to see if your incoming fellow will need to pass an English test before being issued a license.
6. Fellows that need to apply for a work permit will require the following documents to apply - letter of offer, immigration employment contract and a compliance fee of \$230 paid for through the immigration employer portal. The \$230 fee will be billed back to the fellowship program.
7. Packages to each fellow will be sent once the registration form is filled out indicating where the fellow will require privileges.
8. Please contact Lesli Smith at [lesli1.smith@nshealth.ca](mailto:lesli1.smith@nshealth.ca) for more information.

## APPENDIX III:



Department of Surgery  
1276 South Park Street, Suite 8-845  
Halifax, NS B3H 2Y9  
473-7015 (ph) – 473-4442 (fax)

**TO:** Members, Department of Surgery  
**FROM:** Department of Surgery Fellowship Committee  
**DATE:** January 3, 2019

**RE: Teaching Responsibilities of Fellows, Department of Surgery, Dalhousie University.**

It is the position of the Departmental Fellowship Committee that teaching of undergraduate and postgraduate learners by Fellows is an important and integral component of fellowship education at Dalhousie. In order for participation by fellowship trainees in educational encounters to be meaningful and optimal for both fellows and learners it is important that the following principles are considered:

1. Engagement of the fellow for each encounter should be done well in advance of the scheduled educational event. This allows time for adequate preparation, review of learning objectives and discussion of the educational content between the fellow and faculty member.
2. Whenever possible, fellows should not be used as substitutes for staff teaching assignments on short notice. This often results in a suboptimal educational experience for learners when the session is provided by a facilitator who is not familiar with the learning objectives or previously delivered content of the session. In addition, the fellow may perceive an obligation to agree to a request from a staff supervisor and absent themselves from other, more beneficial clinical or educational opportunities.
3. Ideally the faculty supervisor should review and observe the educational presentation and provide helpful feedback to the fellow on aspects of teaching and learner interaction.

## **Evaluation and Assessment of Fellows in the Department of Surgery at Dalhousie University and Affiliated Teaching Hospitals**

### **Definitions:**

Surgical Fellows (SF): physicians who have completed training in a surgical specialty\* (see below) in Canada or another country who enrolls in a training program for additional expertise in a sub-specialty of their surgical specialty at a hospital at the IWK or QEII Health Sciences Centre, but who is not enrolled in a recognized Royal College of Physicians and Surgeons of Canada (RCPSC) training program.

Surgical Specialties: Cardiac Surgery, General Surgery, Neurosurgery, Orthopedic Surgery, Otolaryngology—Head and Neck Surgery, Pediatric General Surgery, Plastic Surgery, Thoracic Surgery, Vascular Surgery.

Surgical Fellowship Program: An approved program of sub-specialty training in a surgical specialty that has been approved by the Dalhousie Surgery Fellowship Committee and has an identified Fellowship Director and primary supervisor(s) for each fellow.

Fellowship Director: The surgeon designated and appointed by each surgical specialty to manage fellowships in the surgical specialty. This surgeon is expected to represent the surgical specialty on the Dalhousie Surgical Fellowship Committee

Fellowship Supervisor: The surgeon(s) designated as the direct supervisor for each Surgical Fellow. A Fellowship Director may also act as a Fellowship Supervisor.

### **1.0 Methods of Assessments**

A variety of methods of assessment may be used to evaluate the academic and clinical performance of SF, depending on the training program, as designed by the surgical fellowship program and Fellowship Supervisor.

A minimum standard of evaluation must include a written formative In-Training Evaluation Report (ITER) within three months of beginning the fellowship, and at least 3 times per year (total, including the initial evaluation) during the duration of the fellowship, and a summative ITER at the completion of the fellowship. Additional evaluations are at the discretion of the Surgical Fellowship Program or supervisor of the fellow.

#### **1.1 In-Training Evaluation Reports**

All ITERs must include evaluation of competencies in all seven CanMeds Roles: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional. ITER must contain areas for narrative feedback, and an overall assessment of pass, borderline, or fail for the period of the evaluation.

See Appendix A for an example of an ITERs for Surgical Fellows.

ITERs should be completed by the Fellowship Supervisor, or be delegated to another surgeon in the division who has significant direct supervisory authority over the Surgical Fellow.



In the event that a SF receives a fail or borderline overall assessment on an ITER report, they must meet with the Fellowship Director or fellowship supervisor to discuss the identified deficiencies, and shall acknowledge in writing that the deficiencies were discussed. It is the joint responsibility of the SF and the Fellowship Director and/or primary supervisor(s) to make prompt arrangements for such a meeting. Note that a designation of “Fail” will result in automatic probation, outlined below.

ITER documents and all other evaluation materials must be accessible by the Fellowship Director and Dalhousie Surgery Fellowship Committee for a period of 3 years after the expected completion of the fellowship.

## **2.0 Professional Conduct**

Surgical Fellows are expected to adhere to the standards of ethical behaviour for the medical profession and their professional activities are expected to be characterized by honesty, integrity, conscientiousness and reliability. Behavior which violates these principles, and which affects the performance of professional activities is viewed as a demonstration of lack of suitability to be a profession.

### **2.1 Assessment of behavioural and ethical performance will be related to the following educational objectives**

The Surgical Fellow must display adequate skill at communicating and interacting appropriately with patients, families, colleagues, support staff and allied health care professionals and should demonstrate:

- respect, empathy and compassion for patients and their families;
- concern for the needs of the patients and their families to understand the nature of the illness and the goals and possible complications of investigations and treatment;
- respect for, and ability to work harmoniously with other allied health care personnel and medical colleagues;
- recognition of the importance of self-assessment and of lifelong learning for the maintenance of competent performance;
- a willingness to teach others in their own specialty, as well as other allied health care professionals;
- an understanding of the appropriate requirements for involvement of patients and their families in research;
- awareness of the effects that differences in cultural and social background have on the maintenance of health and the development of, and reaction to, illness
- respect for the patient as an informed participant in decisions regarding his/her care, wherever possible;
- respect for institutional policies, guidelines, and bylaws.

Behaviour unacceptable to the professional practice of medicine includes but is not limited to:

- breach of any of the above principles of behaviour;
- referring to oneself as, or holding oneself out to be, more qualified than one is;
- behaviour or inappropriate judgement which adversely affects the medical education of others;
- commission of a criminal act;
- failure to be available while on call;
- failure to respect patients' rights;
- breach of confidentiality;

- failure to provide transfer of responsibility for patient care;
- failure to document medical care in a timely and appropriate manner;
- falsification of medical records;
- sexualized violence, including sexual harassment, involving a patient, colleague or other member of the health care team;
- being under the influence of alcohol or drugs while participating in patient care or on call;
- harassment of colleagues or other members of the health care team; and
- any conduct unbecoming of a practicing physician.

Other behaviours not listed may also be unacceptable. The above is not an exhaustive list. Breaches of these ethical and behavioural standards are serious matters, represent a failure to meet accepted standards and may result in remedial training, probation, removal from clinical service, complaint to a provincial college of physicians and surgeons, a report to police or dismissal from the fellowship program under these Regulations.

### **3.0 Probation**

Probation is a formal academic standing that identifies a Surgical Fellow as being at serious academic risk.

A Surgical Fellow will be placed on probation by the Fellowship Supervisor in the following circumstances:

- Where the Surgical Fellow has an evaluation that has resulted in evaluation of “fail” for a training period of two months or more
- Where significant concerns about the Surgical Fellow’s professional conduct, as outlined in section 2.0, have been raised

Any Surgical Fellow placed on probation must be notified in writing by the Fellowship Supervisor of the probationary status, as well as the duration of the probation, which is not to exceed six months, as well as any additional evaluation processes that will be implemented while on probation.

### **4.0 Dismissal from Fellowship Program**

A Surgical Fellow may be dismissed from the fellowship program under the following circumstances:

- A designation of “Fail” on an ITER when the SF is on probation
- Behaviours, as outlined in section 2.0 above, that warrant dismissal from in the opinion of the Fellowship Supervisor

### **5.0 Appeal Process**

A Surgical Fellow may appeal the designation of probation, or the dismissal from the fellowship program. Such an appeal must be submitted in writing to the Fellowship Supervisor and Chair of the Dalhousie Surgery Fellowship Committee within 14 calendar days of being placed on probation.

In the event of an appeal, a Fellowship Appeal Committee (FAC) will be struck, with membership chosen by the Chair of the Dalhousie Surgery Fellowship Committee. This

committee will consist of three surgeons from any divisions/specialties different from the division/specialty where the SF is training, including the appointment of a committee chair. Coincident with the striking of the committee, the Chair of the Dalhousie Surgery Fellowship Committee shall set a date for the appeal hearing no later than 20 working days from the receipt of the notice of appeal.

The Fellowship Supervisor and Surgical Fellow shall provide the FAC Chair with any relevant documents (ie evaluations, correspondence, etc) no later than five working days prior to the appeal. The Fellowship Director and Surgical Fellow will be provided opportunity to make submissions. The FAC shall then deliberate in camera. Brief minutes of the FAC hearing and decision reached through the in-camera deliberation shall be provided in written form to the Chair of Dalhousie Surgery Fellowship Committee within 5 working days of the hearing. No minutes shall be kept of the in-camera discussions themselves.

The FAC has the power to:

- Uphold the designation of probation or dismissal from the fellowship program
- Change the designation of an ITER to a rating of “Pass” or “Borderline” if the appeal was based on an ITER designation of “Fail”, thereby removing the probationary status
- Remove the designation of probation if based on a Surgical Fellow’s professional conduct
- Recommend immediate dismissal from the fellowship program

The outcome of the appeal committee cannot be appealed. The outcome, with copies of the minutes, will be provided to the Surgical Fellow and Fellowship Director.

## **6.0 Temporary Removal from Clinical Service**

The Fellowship Director may temporarily remove a Surgical Fellow from clinical service where, in their opinion, there is a reasonable basis to conclude that the Surgical Fellow is jeopardizing patient care and safety and/or the Surgical Fellow is or has engaged in unprofessional conduct. Where such a decision is made by the Fellowship Supervisor, the Chair of the Fellowship Committee and Chief of Surgery must be notified promptly. This removal is effective immediately, and shall not exceed 45 days, during which any necessary remediation or appeals should be completed.

## Appendix A:

### Surgical Fellow In-Training Assessment

#### MEDICAL EXPERT

##### Clinical Knowledge

	Unable to answer	Some knowledge, with gaps	Good knowledge for level	Thorough complete answers
*When asked clinical questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No follow up on knowledge gaps	Increased knowledge demonstrated when prompted/probed	Often volunteers newly gained knowledge	Routine follow up with thorough understanding
*When unable to answer questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

##### Application of Clinical Knowledge

##### Clinic/Office Performance

	I have to complete these while they observe	I have to talk them through this	I have to prompt them from time to time	I need to be there just in case - for fine details	I don't need to be there - complete independence
*Patient Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Patient Work-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Management Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

##### Procedural/Technical Skills

	Needs complete guidance	I have to talk them through this	I have to prompt them from time to time	I need to be there just in case - for fine details	I don't need to be there - complete independence
*Case Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Surgical Anatomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Post-procedure Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Needs complete guidance	Requires constant direction	Shows some operative independence	Independent but needs supervision	Complete operative independence
*Knowledge of Procedural Steps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Technical Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*COMMENTS:

#### COMMUNICATOR

	NO	Sometimes	Usually	YES
*Communicates effectively with patients/families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Maintains clear, concise, timely clinical records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Presents oral reports and plans effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*COMMENTS:

#### COLLABORATOR

	NO	Sometimes	Usually	YES
*Plans and provides integrated patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Enters cooperative relationships with Allied Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*COMMENTS:

### Health Advocate

	No	Sometimes	Usually	Yes
Responds to individual patient's health needs within the clinical environment				
Participates in continuous quality improvement to improve health systems				

### Leader/Manager

	No	Sometimes	Usually	Yes
Time management skills contribute to effective patient care				
Considers allocation of health care resources for optimal patient care				

## SCHOLAR

	NO	Sometimes	Usually	YES
*Actively participates in Journal Club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Presents and actively participates in Divisional Rounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*COMMENTS:

## PROFESSIONAL

	NO	Sometimes	Usually	YES
*Delivers care with integrity, honesty and compassion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Exhibits appropriate interpersonal professional behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*COMMENTS:

## OVERALL COMMENTS ON PROGRESS

\*This fellow is expected to meet the objectives for this fellowship based on their current progress.

NO

BORDERLINE

YES

\*Areas of Strength:

\*Opportunities for Improvement:

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The following will be displayed on forms where feedback is enabled...  
(for the evaluator to answer...)

\*Did you have an opportunity to meet with this trainee to discuss their performance?

- Yes
- No

(for the evaluatee to answer...)

\*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

- Yes
- No

## Appendix V: Sample Diploma for Completion of Fellowship



*This certifies that*

*Dr. **Fellow's Name***

*has satisfactorily completed Fellowship training with the Department of Surgery, in the division of **Specialty** Surgery in*

***Subspecialty***

*under the direction of Dr. **Supervisor**  
at the Queen Elizabeth Health Sciences Centre,  
Nova Scotia Health*

*During the period **DATE** to **DATE***

***Subspecialty** Fellowship Director      Division Head      Department Head*

*Halifax, Nova Scotia*

***DATE***