

Fellowship in HepatoPancreatoBiliary Surgery Curriculum

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Introduction

Virginia Mason Medical Center (VMMC) is a 335-bed teaching hospital in downtown Seattle staffed by a multispecialty group of 450 full-time employed physicians. VMMC has been a leader in the care delivered to patients with complicated Hepato-Pancreato-Biliary disease for over 30 years. The volume of HPB cases consistently has been high such that VMMC's surgical residents are meeting and exceeding minimum requirements. With that in mind, VMMC has expanded to four HPB surgeons. In addition to a strong HPB-surgery group, VMMC's Center for Digestive Health (CDH) hosts internationally recognized groups of academic gastroenterologists, interventional radiologists, thoracic surgeons, and medical oncologists who all specialize in digestive disease and together fall under one umbrella. This multidisciplinary team approach ensures the best care for the HPB patient and intuitively creates a setting that is ripe and ideal for an HPB fellowship and for comprehensive HPB clinical research. The fellow is sure to have a tremendous clinical experience, as well as participate in clinical research.

This HPB fellowship will follow the American Hepato-Pancreato-Biliary Association (AHPBA) and Fellowship Council curriculum and will fulfill the requirements set forth by these organizations. In response to the evolving landscape of HPB positions available, as well as the increasing role of minimally invasive techniques in HPB, the fellowship became a 2-year program. The 2-year fellowship will begin with a detailed learner's (fellow) needs assessment and, subsequently, the educational design and structure of the fellowship will be molded as to fulfill the learner's gaps and to help the learner achieve their long-term goals.

Number of Positions

There is one fellow appointed every 2 years.

Prerequisites for Training

Candidates must be citizens or legal permanent residents of the United States. Fellows must have completed an ACGME-accredited residency in General Surgery, with eligibility for Washington state medical licensure.

Eligibility

Candidates' residency program director must provide a written attestation that the candidate is competent and qualified to practice general surgery at an independent level. Applicants with J1 visa status cannot be considered.

Duration of Training

The planned duration of training is two years.

Training Faculty

Supervision and mentoring of the fellow is done by the Fellowship Director, with the support and assistance of the additional faculty. These faculty members are members of the General Thoracic Vascular Surgery Division. Fellows will be exposed to a full range of procedures and intra-operative skills training including: open, minimally-invasive, and additional techniques. HepatoPancreatoBiliary Surgery Fellowship program staff and faculty are committed to providing the best possible experience for the fellows. Oversight of the fellowship is provided by directors, Lauren Wancata, MD. Support for the fellowship is provided by Mindy Vu, Academic Specialist.

Lauren Wancata, MD, Program Director, is a graduate of the University of Cincinnati College of Medicine and completed her surgical residency at the University of Michigan Health System. Additionally, she has completed fellowships in Hospice and Palliative Medicine at the University of Michigan Health System and HPB Surgery at Oregon Health & Science University

Thomas Biehl, MD, Associate Program Director is a graduate of UC San Diego School of Medicine and completed his surgical training at Virginia Mason Medical Center. He is Chief of Peri-Operative and Peri-Procedural Services and his areas of expertise are in laparoscopic, biliary, hepatic, pancreatic, endocrine and cancer surgery.

Scott Helton, MD, Faculty, is a graduate of UC Irvine College of Medicine and completed his surgical residency at the University of Washington. He completed fellowships in gastrointestinal peptide physiology at the University of Washington, surgical nutrition and metabolism at the Brigham and Women's Hospital and HPB

Surgery and Liver Transplantation at the University of Toronto. He is Past- President of the AHPBA, and AHPBA Foundation, and past Treasurer of the IHPBA. He is current Chair of the Senior Council of the AHPBA.

Clancy Clark, MD proposed faculty. He graduated from Ohio State University College of Medicine and Public Health. Dr. Clark then completed residency in General Surgery, Virginia Mason Health Center and fellowship Hepatobiliary and Pancreatic Surgery, Mayo Medical Center. Nationally, Dr. Clark is a leader in hepatobiliary and pancreatic surgery, serving on prominent committees, leading clinical trials, and influencing policy through his roles in several surgical societies. Currently, he is the Director of Hepatobiliary and Pancreas Surgery at Virginia Mason Medical Center, focusing on minimally invasive treatments for liver, pancreas, and bile duct disorders to improve patient outcomes.

Training Institution

Hands-on training occurs at Virginia Mason Medical Center. In rare circumstances, the fellow may observe procedures or patient care at other local institutions. There is also an opportunity for the fellow to participate in a 6-week Fellowship Exchange at OHSU.

Salary

Salary and benefits are competitive at the regionally-determined PGY level. Fellows are encouraged to attend one national conference during their fellowship, and will be reimbursed at the approved physician development fund rate for fellows for that year. The cost of board examination is the responsibility of the fellow and will not be reimbursed.

Experience

The fellowship is a two-year program with both years clinically busy with operating room and clinic. The fellow will spend with 3 surgeons.

Specifically, Year 1 will focus on advanced minimally invasive psychomotor training, professional development, and research. It will also include clinical and operative responsibilities

Specifically, Year 2 is an intensive clinically busy year spent in the operating room, on the

in-patient floor and in the clinics. The fellow will hone their skills with increased independence in caring for patients. Both years are spent with the four main faculty.

HPB fellowship program provides concentrated exposure to patients with both benign and malignant pancreatic, biliary, and liver diseases. While absolute numbers of operative cases have not yet been defined for a specific disease, a minimum of 100 total major operative HPB cases are required (no variance allowed), and the fellow must act in the Primary Surgeon role for at least 70 of these major cases. A minimum of 25 major liver, 15 complex biliary, and 25 major pancreas cases are required. The remaining 35 major operative HPB cases may be within any of these categories. Within the liver category, at least 20 cases (no variance allowed) of these procedures must be either hemi-liver resection, trisectionectomy, right posterior/anterior sectionectomy, central hepatectomy, and/or in situ donor hemihepatectomy. Within the pancreas category, at least 20 cases (no variance allowed) must be pancreaticoduodenectomies. Basic HPB cases which do not count towards these minimum requirements include cholecystectomy, liver, and pancreas biopsy (any technique). Liver transplant, donor hepatectomy, and donor pancreatectomy are not required but may account for up to 20% of one category (pancreas, biliary or liver), with a maximum of 20% of total requirements. Experience in MIS pancreas (5 cases min), MIS liver (5cases min), hepatic hilar dissection, intra-operative ultrasonography, and hepatic tumor ablation are required (see appendix for details). Specific numbers for intraoperative diagnostic and therapeutic ultrasonography are detailed in the appendix. The programs must provide a minimum of 1 year of in-depth experience in the pre and postoperative management of patients with simple and complex HPB pathology as well as the acquisition of technical skills for performing complex HPB operations. Principles of management of patients with malignant and benign conditions in a multi-disciplinary fashion are required. Please see the document linked HPB curriculum for details and for additional information regarding allowable unbundling of HPB procedures. <https://www.vmfh.org/content/dam/vmfhorg/pdf/legacy-vm/workfiles/gme/HPB-2019-FC.pdf>

Didactics and Conferences

The fellow will attend and actively participate in conferences and meetings at Virginia Mason, to include Tumor Boards, M&M Rounds, Indication Conference, AHPBA Grand Rounds Teleconferences, Hepatology Didactics, Pancreas Cancer Working Group and other hospital

conferences.

Call Schedule

Service call is taken predominantly from home; fellows come into the hospital for emergent consults and surgeries, and to round on the weekends. The fellow will share general surgery call responsibility with the pool of Virginia Mason residents.

Program Educational Goals

The goal of the fellowship is to provide comprehensive cognitive and technical aspects of HepatoPancreatoBiliary surgery. The fellows will be mentored and directly supervised by faculty toward achievement of objectives in four areas: Clinical competence (outpatient, operative and inpatient), Research and academic productivity, Career development and system building/leadership education and, Advanced minimally invasive and open psychomotor training.

Patient Care

At the conclusion of the fellowship in HPB Surgery, the fellow will be able to provide comprehensive, state-of-the-art medical & surgical care to patients with surgical diseases/disorders of the liver, pancreas, biliary tract and duodenum. This will include the ability to investigate, diagnose, recommend appropriate treatment options, perform operative procedures, and provide the pre- peri- and late postoperative care.

Medical Knowledge

The Fellowship Council & AHPBA's Advanced GI Surgery Curriculum for Hepato-Pancreatic & Biliary Surgery Fellowship provides a guide to the topics for study, and the knowledge and

skills required to become an HBP Surgeon:

Unit 1 – The Liver

- Anatomy, Embryology, Physiology, Testing

- Congenital and acquired non-neoplastic liver disease
- Neoplastic Liver disease
- Liver surgery

Unit 2 – The Biliary Tract including Gall Bladder

- Anatomy, Embryology, Physiology, Testing
- Congenital and acquired non-neoplastic biliary disease
- Neoplastic biliary disease

Unit 3 – The Pancreas & Duodenum

- Anatomy, Embryology, Physiology, Testing
- Congenital and acquired non-neoplastic pancreatic disease
- Neoplastic pancreatic disease
- Diseases of the Duodenum

Unit 4 – Imaging

Unit 5 – Oncology

Unit 6 – Trauma

Unit 7 – Transplantation

Unit 8 – Abdominal wall

Practice-Based Learning and Improvement

The fellow will demonstrate ongoing commitment to self-directed learning and choose an independent research project relevant to HPB surgery by the end of the first month of fellowship training.

1. Review evidence-based literature to answer specific clinical questions arising from patient care.
2. Review and present current literature including medical trial data.

3. Organize clinical data of patients, compare personal practice patterns to larger populations, and analyze personal practice patterns systematically for possible means of improvement.
4. Develop research skills, including generating study designs, including hypotheses and methods suitable for IRB and grant applications, basic and advanced data acquisition, statistical analysis, and manuscript preparation suitable for publication.
5. Develop and submit a minimum of three manuscripts, book chapters, or review articles.
6. Develop teaching skills in the education of medical and surgical residents, nurse practitioners, physician assistants, and medical students.

Interpersonal and Communication Skills

1. Communicate effectively with patients and families in a compassionate, culturally and gender sensitive manner, including diagnosis, treatment plan, and follow-up care.
2. Appropriately notify supervising attending physicians of changes in the clinical status of patients and request consultations appropriately.
3. Effectively discuss end of life care with patients and their families and the importance of saying no to expensive procedures with no proven track record regarding cost effectiveness or improvement of quality of life.
4. Maintain communication with the charge nurse, inpatient schedulers, attending physicians, nurses, techs and all team members regarding patients and the procedure schedule.
5. Supervise and lead the team appropriately, demonstrating commitment to ethical principles pertaining to the provision or withholding of care, patient confidentiality, and informed consent.

Professionalism

Fellows are expected to perform satisfactorily, follow standards of conduct that protect the interests and safety of patients and employees, and conduct themselves with a level of professionalism that promotes a productive work environment.

Systems-Based Practice

Systems approaches to achieving safe outcomes and reducing complications are front and center to our approach to HPB surgery. Virginia Mason is known nationally and internationally for its application of lean principles from the Virginia Mason Production System (VMPS) to increase patient safety and quality of care, while reducing costs. The HPB fellows will be immersed in these principles throughout the fellowship, leading to deepened understanding of the broader healthcare context and how lean methodology can be applied in future practice settings.

Operative Experience

The HBP Fellow will be exposed to the entire spectrum of HPB surgeries. Fellows can expect to perform a minimum of 100 cases, with:

- at least 20 major hepatectomies
- at least 20 pancreaticoduodenectomies
- at least 25 liver cases
- -of which at least 20 are major hepatectomies
- at least 25 pancreas cases
- -of which at least 20 are pancreaticoduodenectomies
- at least 15 biliary tract cases

The fellow will act as primary surgeon or teaching surgeon for at least 70% of the 100 major HPB cases. For additional details on case requirements, please reference the the Fellowship Council & AHPBA's Advanced GI Surgery Curriculum for Hepato-Pancreatic & Biliary Surgery Fellowship.

Evaluation and Feedback

There is a regular evaluation of the fellows' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. Evaluation are provided quarterly in a timely and constructive manner and be used primarily as a stimulus for improvement. Program director and associate program director with the participation of the contributing faculty, general surgery residents, and students (if applicable) will:

- Complete at least one Quarterly Fellow Assessment per fellow per quarter via the FC Online Assessment Tool.
- Complete at least one Technical Skills Assessments for each index case per fellow per quarter as defined by the FC via the FC Online Assessment Tool.
- Advance fellows to positions of higher responsibility only on the basis of evidence of satisfactory progressive professional growth and scholarship.
- Maintain a permanent record of evaluation for each fellow that is accessible to the fellow and other individuals authorized by the fellow or fellowship program director.
- A final evaluation is required for all fellows who have completed a fellowship program. The evaluation must include a review of the fellow's performance during the final period of training and should verify that the fellow has demonstrated sufficient professional ability to practice independently with the highest standard of competence. This final evaluation should be part of the fellow's permanent record maintained by the institution.
- For fellows who leave the program prior to its completion, a final evaluation summarizing the progress to that point and the reasons for leaving early is required.
- On completion of the fellowship, fellows should submit a formal evaluation of the teaching faculty to be kept on file and made available to site reviewers.
- In addition, fellows should be provided the opportunity to evaluate the fellowship on a regular basis, offer constructive feedback, identify deficiencies, and address problems or potential problems without fear of retribution. At a minimum, fellows are required to complete two faculty member evaluations per quarter, unless there is only one faculty member the fellow worked with during that quarter. In that case, the fellow would only submit one evaluation. Program Directors and Associate Program Directors will have access to completed assessments. These evaluations should be circulated to the faculty,

discussed with site reviewers, and submitted with other documentation during the accreditation and reaccreditation process.

- Written evaluations should be kept on file for ten (10) years. The FC Membership Committee conducts a mandatory confidential exit survey at the conclusion of the fellow's year. Program directors must forward this information to their fellows and ensure its completion.

Grievance Policy

The Fellowship in HepatoPancreatoBiliary Surgery at Virginia Mason abides by the Grievance Policy under Fellowship Council and Virginia Mason Medical Center.

- Please refer to Virginia Mason Medical Center's Grievance Policy found here: http://vnet.vmmc.org/Policies/Published/policy_F8CD09.pdf#search=grievance%20policy
- Please refer to Common Spirit's Grievance Policy found here: <https://CommonSpiritHealth.policymedical.net/policymed/registered/docViewer?stoken=bbf566ea-2e52-41b4-8019-47866bd73f2f&dtoken=a7a8c0bc-75f5-4ea6-9642-c9282366dc4e>