



香港中文大學醫學院

Faculty of Medicine

The Chinese University of Hong Kong

Division of Urology, Department of Surgery, Prince of Wales Hospital.
30-32 Ngan Shing Street, Shatin, Hong Kong.

Division of Urology

Dr. Simon S.M. HOU
simonhou@surgery.cuhk.edu.hk

Prof. Chi-fai NG
ngcf@surgery.cuhk.edu.hk

Dr. Chi-kiwok Chan
chanck@surgery.cuhk.edu.hk

Dr. Hon-ming Wong
hmwong@surgery.cuhk.edu.hk

Dr. Chi-hang YEE
yeechihang@surgery.cuhk.edu.hk

Dr. Peter K.F. CHIU
peterchiu@surgery.cuhk.edu.hk

Dr. Jeremy Y.C. TEOH
jeremyteoh@surgery.cuhk.edu.hk

Clinical Fellowship Programme

Advanced Endourology and Laparoscopic Surgery Fellowship

The urologic advanced endourology fellowship is in general 6 months in length, taking place in Prince of Wales Hospital, Hong Kong. The clinical goals of the fellowship include a high level understanding of both benign and oncological urology diseases, as well as surgical skills which include proper decision making and technical ability. Clinical fellows would have exposure in ward duties, clinic consultations and academic meetings. Hands-on surgical exposure includes endourological procedures, as well as basic and advanced laparoscopic procedures. Robotic surgery is available in our centre. Console experience would depend on the qualification of individual fellow.

Additionally, the research component is often required with the goal of sparking interest in an academic career and to teach basic research skills. Completion of a project is expected at the end of the fellowship. Area and discipline of academic research can be further discussed upon the commencement of the fellowship programme.

About the programme:

1. Applicants must have completed at least 3 years of urology residency.
2. Overseas fellows will be responsible for their medical health insurance coverage in Hong Kong and their own expenses on accommodation and travel during their period of attachment.
3. Applications should be made at least 4 months in advance before the intended date of attachment.

How to apply:

1. Please complete and submit the application form, and
 2. Please submit your CV, recent photo, copy of proof of identity (Passport Copy / Driving License) and relevant qualifications (including practicing certificates & registration),
- to Ms. Helen Lam helenlam@surgery.cuhk.edu.hk

For enquiry:

Dr. Samuel C.H. Yee
Consultant,
Honorary Clinical Associate Professor,
Division of Urology, Department of Surgery,
SH Ho Urology Centre, Prince of Wales Hospital, The Chinese University of Hong Kong.
E-mail: yeechihang@surgery.cuhk.edu.hk



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Advanced Endourology and Laparoscopic Surgery Fellowship Application Form

Personal Details	
Surname:	_____
First name:	_____
Gender:	_____
Nationality:	_____
Passport no.:	_____
E-mail:	_____
Telephone:	_____
Current institute / position:	_____ _____
Fellowship Details	
Proposed dates of fellowship:	_____
Area(s) of research interest:	_____
Date of residency completion:	_____
Declaration	
<p>I declare that the particulars in this application are true to the best of my knowledge and belief, and I have not willfully suppressed any material facts. Any misrepresentation or omission of information will be grounds for withdrawal of acceptance for the clinical attachment. I have also read and understood the information about the Advanced Endourology and Laparoscopic Surgery Fellowship.</p>	
_____	_____
Date	Signature of applicant
For Official Use Only	
Application approved / Rejected	
_____	_____
Date	Signature of programme director
Comment (if any):	