LEADERSHIP & INNOVATION **FELLOWSHIP** TRAINING (LIFT) PROGRAM

The LIFT program is an intensive one-year program that provides one or two medical students annually an unparalleled training and urologic research and experience in Students work with the UCI leadership. laboratory (15-20 Endourology team members) and participate in innovative basic science, translational, and clinical research projects throughout their fellowship year.



SHAPING THE FUTURE

The LIFT program assists medical students to take steps towards becoming future innovative leaders in the field of urology. LIFT fellows are responsible for designing and submitting study protocols, preparing abstracts and manuscripts, and presenting their research at regional, national, and international meetings. During their fellowship year, LIFT fellows attend multiple professional urology conferences, including the Western Section of the AUA meeting and the annual meeting of the AUA.

All LIFT fellows have access to the Department of Urology's state-of-the-art laboratory and surgical skills center and are encouraged to take advantage of these resources. Some of the simulators and models available for use in the surgical skills lab include a Da Vinci robot, MIMIC robotic simulator, Simbionix LAP mentor, Simbionix URO mentor, Simbionix PERC mentor, several laparoscopic box trainers, pelvic models, ureteroscopy trainers, and iPad-based laparoscopic trainers.

WORLD-CLASS MENTORSHIP

LIFT fellows are paired with experienced mentors from the Department of Urology's world-class team of faculty. Dr. Jaime Landman Dr. Landman is Chairman of the Department of Urology and Professor of Urology and Radiology at the University of California, Irvine School of Medicine. He is an internationally recognized expert and has been a visiting professor, lecturer, and given live surgical demonstrations around the world. He has pioneered technology and techniques for minimally invasive management of renal malignancies and has

Current Projects Clinical Trials Virtual Reality

We are working to enhance pre-operative planning for urologic procedures (partial nephrectomy, donor nephrectomy and PCNL) using virtual reality (VR) technology and novel software to immerse students, surgeons and patients into the renal We believe engaging students, anatomy. residents, patients and physicians with VR renderings of the renal anatomy will improve education, engender safer and more efficient surgery, and will enhance teaching and understanding of the procedure.

Triple Bolus CT (TBCT) Urography

Incompatible with our oath to do no harm, approximately 2% of contemporary malignancies are engendered by our exposing patients to Computed diagnostic ionizing radiation. tomography urography (CTU) is commonly used to establish the etiology of hematuria. However, CTU scans expose patients and healthcare personnel to harmful ionizing radiation. Pior LIFT fellows have demonstrated the efficacy of TBCT for renal tumors with 40% less radiation. Currently, we are comparing the sensitivity of conventional CTU and TBCT in the diagnosis of hematuria.





developed novel techniques that are used globally for laparoscopic partial nephrectomy. Dr. Ralph Clayman is world renowned for his expertise in minimally invasive surgery for kidney stone surgery for kidney stone disease, kidney cancer, and strictures of the ureter, and is listed among

the Best Doctors in America for urology. He is the author of several textbooks on laparoscopic and percutaneous urologic surgery, and he has published more than 400 peer-reviewed papers and book chapters.





Single vs. Dual Lumen Ureteroscopes

A new double-lumen ureteroscope was developed that has two working channels that allows for better irrigation flow and simultaneous use of instruments. This has the potential to improve the contemporary state-of-the-art in ureteroscopy by improving irrigation. With a second lumen, an insertion of an ureteroscopic instrument will have less effect on the irrigation and thus significantly better image quality.





Previous LIFT Fellows Philip Bucur and Ashleigh Menhadji: 2012-2013

Garen Abedi and Martin Hofmann: 2013-2014 Kyle Spradling: 2014-2015 Rahul Dutta and Simone Vernez: 2015-2016 Shoaib Safiullah and Daniel Lama: 2016-2017

"The skills gained are simply invaluable and the opportunity to be mentored by the likes of Dr. Landman and Dr. Clayman...indeed a privilege afforded to very few."

Follow the link to find out more about the previous LIFT fellows and their projects: http://sites.uci.edu/lift/currentfellows/previous-fellows/

FINANCIAL INFORMATION

- \$25,000 STIPEND FOR THE YEAR
 - ADDITIONAL FUNDING (UP TO \$5,000) MAY BE GIVEN FOR RESEARCH-RELATED TRAVEL EXPENSES TO REGIONAL, NATIONAL, OR INTERNATIONAL CONFERENCES
 - HEALTH INSURANCE NOT PROVIDED REQUIREMENTS

Please follow the instructions on the website to apply (http://sites.uci.edu/lift/) and include in a single combined PDF your USMLE step scores, unofficial transcript and 1-2 LoRs

QUESTIONS?

If you have any questions, please contact either Egor Parkhomenko (eparkhom@uci.edu) or Michael Owyong (owyongm@uci.edu)





- Shoaib Safiullah



The school facilitates and promotes interdisciplinary and transdisciplinary basic, translational, patient-centered, and clinical cancer research across UC Irvine and its affiliates



One of the largest surgical training centers on the West Coast. Under the direction of Dr. Jaime Landman, our Surgery Education Center is also the first California center. State-of-the-art facility dedicated to providing the highest quality surgical education and facilitating cutting-edge research in service to UC Irvine faculty, fellows, residents, medical students and allied health professionals and community surgeons



UC Irvine is centered at the Institute for Clinical and Translational Science (ICTS), the home of the NIH Clinical Translational Science Award program. The ICTS manages state-of-the-art inpatient and outpatient facilities dedicated solely to clinical research activities, with more than 4,000 outpatient visits annually. ICTS investigators have a rich and varied record of active participation in large multicenter trials