

Name of Institution: Division of Gastroenterology, McGill University Health Center

Location: Montreal General Hospital site, D7-102.

Type of Fellowship: Therapeutic Endoscopy

Program Information: See appended description

EUS Fellowship Program Director: Kevin Waschke

Teaching Faculty: All biliary staff at the MGH, RVH and JGH sites.

Academic Facilities:

The MGH, JGH and RVH sites all have fully equipped endoscopy and ERCP units, with a wide range of accessories and equipment needed to perform therapeutic endoscopy. The units all utilize endoscopic reporting software that allows report creation, collection of records via a database and capture of both endoscopic image and video (may vary at some sites with respect to the latter features). A variety of books, videocassettes and DVDs are available for perusal during the fellowship.

Fellow Duties and Responsibilities:

The therapeutic endoscopy fellows' main responsibility is to see the patients on the biliary service, which is comprised of a mixture of both in patients and out patients, both scheduled and unscheduled appointments consultations. The fellow will spend time mainly at the MGH site with a variable amount of time at the RVH and JGH sites depending on the number of fellows in the fellowship – to be determined after discussion with the program director at the start of the fellowship (ranging from 1-3). Depending on the nature of the consultation and endoscopy workload, the therapeutic endoscopy fellow will be expected to see patients who are in the emergency room, admitted to the ward, or in specialized GI / hepatobiliary clinics that may require consultation. The majority of time is spent performing consultation and endoscopy (mainly ERCP) under the supervision of the teaching faculty.

The fellow will be expected to assist in the supervision and teaching of gastroenterology residents who may attend the therapeutic endoscopy cases as part of elective rotations or who attend during their core gastroenterology

residency. The nature of these responsibilities will be graded depending on the individual resident's needs in keeping with the endoscopy fellow's abilities and comfort level and will be done in a manner so as not to impede the fellow's acquisition of competence.

The Therapeutic Endoscopy fellow is expected to attend and actively participate in all academic activities involving residents, for example MUHC medical and GI rounds, lunch time informal seminars, MUHC hepatobiliary rounds, morbidity and mortality rounds. The Therapeutic Endoscopy fellow will specifically be responsible to prepare cases for hepatobiliary rounds and will be expected to present on at least one occasion at MUHC GI rounds.

The support staff available to the fellow will be the GI residency program coordinator.

With respect to meetings to be attended by the fellow, there are numerous relevant gastroenterology meetings held annually. There is no specific funding available to the fellow from the program for attending meetings, and the specific meetings to be attended will depend on the fellow's profile (i.e. whether a fellow is presenting research for example).

Fellows are highly encouraged to participate in the design, implementation and eventual publication of a research project during their therapeutic endoscopy year, however this is not a mandatory part of the fellowship. This is typically done under the supervision of one of the teaching faculty, but projects can be done with supervision of attending staff within the gastroenterology program or EUS fellowship in certain instances. Normally this project is done within the time frame of the fellowship, as there is protected reading/teaching/research time built into each week, however additional time can be arranged depending on the nature of the research project and the fellow's progression with respect to the training objectives after discussion with the program director.

Curriculum

The expected caseload of the ERCP fellow may vary from year to year, but based on past experience can attain 300-400 cases per year at an individual site. The exposure of the fellow will be a combination of hands-on endoscopy and observation, depending on the number of fellows on the rotation. Typically one to three two fellows are chosen per year, and the caseload is split evenly. Fellows are typically distributed in order to maximize their educational experience.

Regular reading materials are not provided to the resident, however an extensive reference list and collection of textbooks, videos and DVDs are available for discussion around cases.

Conference weekly schedules are available for consultation upon the Division of Gastroenterology website.

**McGill University Health Centre
Fellowship Program
Advanced Therapeutic Endoscopy**

1. Training Outline
2. Objectives
3. Weekly Schedules
4. Recommended reading

Prepared by Kevin Waschke

1. Training Outline

The 12 month fellowship program in Advanced Therapeutic Endoscopy is designed to offer specialized training in all aspects of advanced therapeutic endoscopy with a view to preparing candidates for an academic career.

The focus is clinical, but all candidates are expected to complete at least one research project during the course of their fellowship year. Furthermore, candidates will be expected to take on an increasing role in the education of peers with regards to the field of pancreatobiliary disease, in preparation for a career in Academic medicine.

The following clinical components are included (all durations approximate and subject to change)

- a) Endoscopic Retrograde Cholangiopancreatography (ERCP)
(9-11 months)
- b) Research (1-3 periods)

During the course of the 12 month fellowship, candidates are free to attend at least one international gastroenterology or advanced endoscopy meeting (e.g. ASGE meetings (DDW)).

2. Training Objectives

The advanced fellowship in Advanced Therapeutic Endoscopy is intended to provide specialized training beyond the exposure provided in a core Gastroenterology fellowship, with the specific goal of preparing the candidate for the practice in ERCP in a Tertiary (or above) care setting.

1. MEDICAL EXPERT/CLINICAL DECISION MAKER

The Advanced Therapeutic Endoscopy trainee should demonstrate:

1.1 Diagnostic and therapeutic skills for effective care of patients with pancreatobiliary disorders

1.2 Knowledge of:

- Anatomy of the pancreatobiliary system, abdominal vasculature and digestive tract.
- Epidemiology and natural history of common and uncommon diseases that affect the gastrointestinal tract and their complications, with a particular emphasis on:
 - Staging and diagnosis of diseases that affect the liver and pancreatobiliary system
 - Lymphoma
 - Pancreatic cancer
 - Cholangiocarcinoma
 - Ampullary cancer
 - Gallbladder cancer
 - Gallstones and their related conditions
 - Pancreatic cysts
 - Acute pancreatitis
 - Chronic pancreatitis
 - Digestive tract malignancies

1.3 The following clinical skills:

- Participation in the pre-diagnostic and post-diagnostic management of patients with newly diagnosed pancreatobiliary malignancies. During the course of the care of these patients the trainee should demonstrate an ability to evaluate the risks, benefits and alternatives of the various treatment options on a case-by-case basis. In addition, the trainee should be able to discuss diagnostic and therapeutic options with the patient and his or her family. The trainee should be able to give bad news with respect, dignity and care for the patient.
- Performance of diagnostic and therapeutic procedures, in particular, a minimum of 150 diagnostic ERCP and 30 biliary sphincterotomy and brushing of biliary strictures (the exact amount will depend on the case volume which may vary from year to year and will be based on the trainees progression of skill level).

- Diagnosis and management skills for effective care of patients with the following conditions::
 - o Staging and diagnosis of malignancy
 - Pancreatic cancer
 - Cholangiocarcinoma
 - Ampullary cancer
 - Gallbladder cancer
 - Esophageal cancer
 - Gastric cancer
 - Neuroendocrine tumors
 - o Subepithelial digestive tract lesions
 - GISTs
 - Duplication cysts
 - Schwannoma
 - Varices
 - o Pancreatobiliary disease
 - Gallstone disease – both medical and surgical management
 - Pancreatic cysts
 - Acute pancreatitis
 - Chronic pancreatitis
 - o Anal sphincter abnormalities
- The ability to select the following diagnostic and therapeutic techniques based on indications, contraindications, limitations, interpretations and complications.
 - i) Fine needle aspiration (for cytological analysis) of lesions in the lymphatic system, mediastinum, pancreas, biliary tract, esophagus, stomach, duodenum, anorectum.
 - ii) Nuclear medicine procedures including biliary scintigraphy.
 - iii) Imaging procedures including ultrasound, MRI/MRCP and CT and PET scan.
 - iv) Diagnostic and therapeutic upper gastrointestinal endoscopic procedures, including dilation of intestinal strictures, and variceal banding.
 - v) ERCP, including papillotomy, biliary stent placement, and other interventional biliary modalities.
 - vi) Enteral stent placement.
 - vii) Laparoscopy and laproscopic cholecystectomy.
 - viii) Cyst and pseudocyst drainage.

2. COMMUNICATOR

The Advanced Therapeutic Endoscopy trainee should be able to:

- Recognize the need for patients and their families to understand the nature of their disease, goals and possible hepatobiliary investigations and treatment.
- Educate the patient in the relevant area of disease prevention, transmission, detection, progression, and therapy.
- Communicate and cooperate with allied health care personnel involved in the care of individual patients afflicted with diseases requiring investigation by ERCP.

3. COLLABORATOR

The Advanced Therapeutic Endoscopy trainee should be able to:

- Identify the role and expertise of all members of interdisciplinary teams involved in the management of diseases requiring pancreatobiliary investigation and treatment.
- Actively contribute to the plan of management proposed by the interdisciplinary team.

4.- MANAGER

The Advanced Therapeutic Endoscopy trainee should be able to:

- Work effectively and efficiently in the daily care of hospitalized and ambulatory patients requiring investigation by ERCP.
- Utilize time and resources effectively to provide optimum care to patients.

5. HEALTH ADVOCATE

The Advanced Therapeutic Endoscopy trainee should be able to:

- Identify important determinants of health in diseases that affect patients undergoing ERCP or other advanced therapeutic endoscopy. These include socio-economic status, education, social support systems, lifestyle, psychosocial and biologic factors.
- Understand and identify the current public policies of screening and staging of malignancies that affect health.
- Identify in Advanced Therapeutic Endoscopy practice the population at risk (e.g. for colon cancer, gastric cancer, esophageal cancer, chronic pancreatitis, etc) and provide the available knowledge about prevention. This involves knowing practice guidelines put forth by various provincial, national and international societies.
- Understand and identify subjects for screening for hereditary malignancies.

6. SCHOLAR

The Advanced Therapeutic Endoscopy trainee should be able to:

- Recognize the importance of self-directed learning, intrinsic motivation and reflection in medical education
- Appraise and evaluate the medical literature in the field of Advanced Therapeutic Endoscopy as it applies to clinical practice.
- Recognize his/her gaps in clinical knowledge around a particular clinical question and be able to fill this gap.
- Participate in the education of peers with regards to Advanced Therapeutic Endoscopy and developments in endoscopy.

7. PROFESSIONAL

The Advanced Therapeutic Endoscopy trainee should be able to:

- Offer the highest quality of care with integrity, honesty and compassion.
- Practice medicine ethically consistent with obligations of a physician.
- Exhibit appropriate personal and interpersonal professional behaviours.

3. Weekly Schedule (as of September 2008)

a) Teaching

| | | |
|-----------------------|---------------------------|------------------------|
| Tues: 12:00 – 13:00 | Medical Grand Rounds | Osler amphitheatre |
| 1730 – 1900 (monthly) | Hepatobiliary rounds | D5-928 MGH |
| Wed: 16:00 -17:00 | GI Trainee Rounds | JGH Block Amphitheatre |
| 17:00 -18:00 | GI Grand Rounds | JGH Block Amphitheatre |
| Thurs: 13:00 -1400 | MGH GI “brown bag rounds” | MGH GI conference |

*The Advanced Therapeutic Endoscopy is expected to attend all GI related Rounds.

b) Clinical (confirm with individual staff members as subject to change)

Biliary clinic

| | | |
|---------------|----------------------|---------------------------|
| Dr K. Waschke | Wednesday 0800 –1700 | Montreal General Hospital |
| Dr J. Parent | Thursday 1300-1700 | Montreal General Hospital |
| Dr V Baffis | Thursday 0800-1500 | Montreal General Hospital |
| Dr A Barkun | Monday 0800-1500 | Montreal General Hospital |

c) Protected research / academic time / flex time for specific interests (to be determined in conjunction with program director)

1-3 months depending on the trainee's focus (clinical versus research)

4. Recommended reading:

Main Reference book:

Sivak - Gastrointestinal Endoscopy, Volume 1 and 2 (2002)

Supplemental reading:

Hawes and Fockens – Endosonography (2006)

Cotton and Williams - Practical Gastrointestinal Endoscopy

Journals:

Gastrointestinal Endoscopy

Endoscopy

American Journal of Gastroenterology

Gastroenterology

Clinical Gastroenterology and Hepatology