

PROGRAM INFORMATION FOR THE MCGILL ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY FELLOWSHIP

Name of Institution:

Division of Gastroenterology, McGill University Health Center

Locations:

Montreal General Hospital (MGH), Royal Victoria Hospital (RVH – Glen), and Jewish General Hospital (JGH) sites

Type of fellowship: Clinical

Number of Fellows yearly: up to 2 fellows per year.

ERCP Fellowship Program Director:

Dr Yen-I Chen, director of Therapeutic Endoscopy Glen Site, McGill University.

Teaching Faculty:

Drs. Vicky Baffis, Alan Barkun, Jeffery Barkun; Yen I Chen, Albert Cohen (JGH), Gad Friedman (JGH), Corey Miller (JGH), Josée Parent, Constantine Soulellis, and Kevin Waschke (all MGH and RVH unless otherwise specified)

Academic Facilities:

RVH, MGH, and JGH sites have fully equipped ERCP units; the JGH and RVH also carries a digital Spyglass cholangioscope. The Fellows are expected to attend cases at all three sites. The program includes also extensive exposure to enteral stenting of the upper and lower GI tract.

The units utilize electronic endoscopic reporting software that allows report creation, collection of records via a database and capture of both endoscopic images and video recordings. A variety of books, video cassettes and DVDs are available for perusal during the fellowship in addition to full access to electronic medical journals. All sites also provide teleconferencing meeting rooms and a dedicated resident work rooms.

Fellow Duties and Responsibilities

It is the ERCP fellows' responsibility to review with the appropriate ERCP staff all requests for and assess all patients presenting for an ERCP examination. Although mainly elective cases for outpatients, depending on the nature of the ERCP requests, the ERCP fellows will be expected to review faxed requests, all related imaging (prior ERCP's, CT scans, and MRI's), and assess patients clinically on the procedural day. Occasionally they may be asked to evaluate patients who are in the emergency room, admitted on wards, or in out-patient clinics if the patient requires an out-patient in-person consultation prior to ERCP examination.

There exists a formal biliary service at RVH and MGH sites; the ERCP fellows are first call and carry the biliary service beeper during the daytime. ERCP fellows are expected to round daily on all patients the biliary service is involved at both RVH and MGH sites.

ERCP staff take second night-time call and are available for emergency ERCP procedures with an endoscopy nurse and radiology technologist on weeknights and week-ends till midnight. Patients, however, need to be hospitalized in the MGH ICU to be eligible.

The majority of time is spent reviewing consultations and performing ERCP cases under the supervision of the teaching faculty. The fellows will also be expected to assist in the supervision and teaching of more junior residents, mainly in gastroenterology, but also from surgical specialties, who may attend ERCP cases.

The nature of ERCP Fellow responsibilities will be graded depending on the individual residents' needs and in keeping with their abilities and comfort level. This process will be completed in a manner so as not to impede the ERCP fellows' acquisition of competencies in ERCP.

The ERCP fellows are expected to attend and actively participate in all academic activities of the Division that involve sub-specialty residents and Fellows; they include the weekly McGill combined GI rounds and lunch time informal seminars, monthly MUHC hepatobiliary rounds and journal club, and quarterly morbidity and mortality rounds. The ERCP fellows in conjunction with EUS fellows will be responsible for preparing cases for monthly hepatobiliary rounds, including short thematic presentations, and will be expected to present at least once in the academic year at McGill combined GI rounds.

The support staff available to the ERCP fellows is the GI residency program coordinator.

As a rule, there exists no dedicated funding available for ERCP fellows to go to a specific meeting, but they are expected to attend the Canadian Digestive Disease Week (as Canadian Association of Gastroenterology trainee member) meetings and an additional international meeting whose program offers focused sessions on ERCP.

The Fellows are expected to carry out a research, quality, or educational project and can choose or will be assigned a supervisor early in the year. They are expected to submit a resulting abstract to at least one of these meetings. Potential ERCP fellow candidates may apply on a case-by-case basis for a two-year Masters in Epidemiology and ERCP fellowship after prior discussions with Dr. Barkun.

Curriculum

The anticipated caseload of the ERCP fellows may vary from year to year, but based on past experience can range from 800-1000 cases per year. The exposure of the fellows is a combination of hands-on endoscopy and observation, depending on the number of fellows on the rotation. If two ERCP fellows are in the Program for a given year (which is usually the case), the caseload is split evenly.

Expected cognitive and procedural skills to be acquired include patient management issues relevant to the practice of ERCP for diagnostic and therapeutic indications involving benign and malignant conditions of the bilio-pancreatic system. These include procedures on native papillae, posttransplant patients, patients with altered anatomy at ERCP, as well as cholangioscopic balloon (Spyglass) assisted and rendez-vous procedures with interventional Radiology. In addition, ERCP fellows will be familiarized with indications, potential complications, and develop procedural skills related to enteral stenting; on a case by case basis, they may also partake in specialized therapeutic procedures of the upper and lower GI tract such as mucosal resections, submucosal dissection, and complex dilatations.

Introductory regular reading materials are provided to the fellows. In addition, extensive reference lists and collection of textbooks, videos and DVDs are available for discussion around cases. The Fellows are expected to read around cases by searching the published literature, as part of these activities. An effort is made to provide the fellows with an evidence-based approach and pertinent

articles, including contemporary guidelines, while encouraging them to develop lifelong learning habits.

Evaluations are carried out around cases with monthly assessments and feedback by the ERCP staff and a 6-monthly in-training and a final end-of-training assessment by the Therapeutic Endoscopy director. At the end of the 12-month of ERCP Fellowship, if competency in the aforementioned ERCP core competencies is achieved, the Fellows are provided with a written certificate attesting to successful completion of training.