

**PROGRAM INFORMATION FOR THE MCGILL ENDOSCOPIC ULTRASOUND
FELLOWSHIP - (updated January 2016)**

Name of Institution:

Division of Gastroenterology, McGill University Health Center

Locations:

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

Type of Fellowship, number of Fellows yearly:

Endoscopic Ultrasonography (EUS), up to 2 fellows per year

EUS Fellowship Program Director:

Dr. Alan Barkun, director of Therapeutic Endoscopy, McGill University

Teaching Faculty:

Drs. Josée Parent and Kevin Waschke (MGH and RVH); Dr. Jonathan Wyse (JGH)

Academic Facilities:

Both RVH and MGH sites have fully equipped EUS units, with both radial and linear EUS probes and corresponding ultrasonographic processors. EUS is also performed at the Jewish General Hospital site. Because of scheduling imperatives, the Fellows are only expected to attend cases at the JGH (Dr. Wyse) when of particular complimentary interest, and if not interfering with EUS duties at MGH and RVH sites.

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. Both sites also provide teleconferencing meeting rooms and a dedicated resident work room.

Fellow Duties and Responsibilities:

It is the EUS fellows' responsibility to review with the appropriate EUS staff all requests for and assess all patients presenting for an EUS examination. Although mainly elective cases for out-patients, depending on the nature of the EUS requests, the EUS fellows will be expected to review faxed requests and assess patients 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 EUS.

The majority of time is spent reviewing consultations and performing EUS 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 EUS cases.

The nature of EUS 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 EUS fellows' acquisition of competencies in EUS.

The EUS fellows are expected to attend and actively participate in all academic activities of the Division that involve sub-specialty residents and Fellows that include the weekly McGill combined GI rounds and site-specific lunch time informal seminars, monthly MUHC hepatobiliary rounds and journal club, and quarterly morbidity and mortality rounds. The EUS in conjunction with ERCP 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 EUS fellows is the GI residency program coordinator.

As a rule, there exists no dedicated funding available for EUS 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 EUS. They are expected to submit an abstract at at least one of these meetings.

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.

Curriculum

The anticipated caseload of the EUS 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 EUS fellows are in the Program for a given year, the caseload is split evenly.

Expected cognitive and procedural skills to be acquired include patient management issues relevant to the use of linear and radial EUS for diagnostic and therapeutic indications involving the mediastinum, esophagus, stomach, duodenum, pancreatico-biliary system, and rectum. Examples of diagnostic and therapeutic EUS procedures include FNA, and pseudocyst drainage.

Regular reading materials are not provided to the fellows, however an extensive reference list 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.

Evaluations are carried out around cases with monthly assessments and feedback by the EUS 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 EUS fellowship, if competency in the aforementioned EUS core competencies is achieved, the fellows are provided with a written certificate attesting to successful completion of training.