



Queen's
UNIVERSITY

GASTROENTEROLOGY

Department
of Medicine

Overview

The Division of Gastroenterology at Queen's University offers a nationally recognized two-year residency program that prepares graduates for stimulating careers as independent consultants and academic physicians.

Our residents benefit from an outstanding educational experience. The Gastroenterology program provides exposure to a wide diversity of cases and procedures while strongly supporting

research at the same time. The program's size is its strength, creating a supportive and collegial environment where residents are highly valued members of the Division.

Queen's Gastroenterology is fully accredited by the Royal College of Physicians and Surgeons of Canada and maintained this status during its most recent review in 2011.



Program Structure

In the first year of the program, time is spent in Integrated inpatient and outpatient Consultation, Ambulatory Care, and inpatient and outpatient Endoscopy (I-C/A Endo) activities. Additionally one block is dedicated to GI radiology and GI pathology as core rotations, as well as one elective block.

During the second year of the program, residents again concentrate on I-C/A Endo activities, while also completing a mandatory community rotation, one elective and an optional research block.

The program provides instruction in all aspects of endoscopic intervention. Residents acquire competence in the cognitive and technical aspects of upper endoscopy, colonoscopy, and sigmoidoscopy. Senior residents in good standing who are planning further training in advanced endoscopy and therapeutics are offered additional preparatory training in endoscopic retrograde cholangiopancreatography (ERCP) and usually perform 50-70 cases under supervision. In the first stages of training, residents focus on foundational endoscopic performance skills while core stages of training focus on diagnostic and therapeutics in upper and lower endoscopy. Later stages provide exposure to more complex procedures, such as dilations, enteral stenting, complex polypectomy, and pneumatic dilations, polypectomy, and achalasia pneumatic dilations.

The GI inpatient ward activities enable residents to act as junior consultants in a graded manner under attending supervision until required competencies are achieved. They are progressively entrusted in decision-making and patient care in complex cases. Residents perform all of the inpatient procedures and are expected to execute formal nutrition assessments for cases requiring nutritional support.

Residents gain ambulatory care experience by attending up to 7 half-day clinics each week during their ambulatory blocks. These include general and urgent GI clinics and specialty clinics (Liver, IBD and Motility). Trainees are entrusted with progressive responsibilities in the weekly urgent GI clinic over the course of training.

The Hotel Dieu Hospital GI function lab is a busy unit performing upper and lower motility studies, breath tests and fecal fat analysis and VCE and is fully supported by the GI faculty.

The Inpatient Consultation Service allows GI trainees to supervise and lead a team of learners that includes senior and junior internal medicine residents while triaging all inpatient consultations, routine and emergent, and reviewing the cases with the responsible attending. Consults are formally recorded with a management plan and residents are expected to follow up all consults through to resolution of the identified problems.

New for 2017

Queen's University received approval for a pilot project to adopt a competency-based Medical Education model in all specialty programs, beginning July 1, 2017.

Residents attending Queen's in July 2017 and beyond will use time as a framework rather than the basis for progression. It is not anticipated that the duration of training will change for the majority of trainees. Residency programs will be broken down into stages, and each stage will have a series of entrustable professional activities (EPAs) based on required competencies. These EPAs will create more targeted learning outcomes and involve more frequent, formative assessments within the clinical workplace to ensure residents are developing and receiving feedback on the skills they need.

The following chart illustrates the proposed structure for Gastroenterology.

Educational Activities

Dedicated weekly education half-days occur weekly throughout the year to ensure that residents have ample opportunity to cover the entire curriculum in a comprehensive manner. These half-days include: Directed Independent Learning in key areas of GI physiology evidence-based clinical rounds delivered by residents, a critical appraisal journal club to further expand clinical knowledge and consolidate critical appraisal skills, GI Pathology rounds covering liver disorders and GI diseases and faculty-led case based learning. GI Oncology rounds provide broad coverage of case-based GI oncological topics. Weekly Medicine Grand Rounds cover general topics while monthly Health Sciences Education Rounds cover broader topics in medical education that span across programs and health professions.

In addition, a national program of monthly videoconferences sponsored by the Canadian Association of Gastroenterology (CAG) addresses additional topics in basic science of the GI tract and the liver and biopsychosocial aspects of GI practice.

Gastroenterology

Time-Based System	PGY4 (13 Blocks) and PGY5 (13 Blocks)			
CBME Stages of Training	Transition to Discipline	Foundations of Discipline	Core of Discipline	Transition to Practice
Proposed Number of Blocks	2 blocks	5 blocks	15 blocks	4 blocks
Focus of Stage	Concentration on orientation	Focus on foundational skills required to move on to more advanced and speciality-specific competencies within the discipline	Training concentrates on the core competencies required for the particular discipline	Junior Attending. The final phase of training where the resident will be required to demonstrate their ability to transition to autonomous practice

Excellence in Teaching

Our Queen's GI specialists were the first full GI Division at a Canadian academic health sciences centre to be formally trained as educators. Seeking to become more actively involved in the learning process, the faculty members completed an intensive Train-the-Trainer course. The goal was to further develop the faculty members' ability to anticipate, problem-solve, and reflect critically on their teaching style in endoscopy and colonoscopy, and their own practice. By creating a new roadmap for teaching, the program will continue to graduate better-trained gastroenterologists who in turn will be able to provide a better patient experience.

Research

Research is a key strength of the GI program at Queen's and our residents are strongly supported in all of their research endeavors. Assistance is provided throughout the entire process, from the development of an idea, through to grant application, REB submission and approval, execution, analysis, and ultimately publication and presentation. Our residents are encouraged to conduct research simultaneously with their other clinical responsibilities, and a research block has been introduced into the second half of training if additional protected time is required. A quality improvement exercise will now become a core component of the training program.

The Gastrointestinal Diseases Research Unit (GIDRU) at Queen's University is internationally renowned as a leading centre for GI research. Residents directly

benefit from the broad base of expertise and its researchers are proactive in recruiting interested residents for wet lab work.

We are proud of the research accomplishments of our graduates, many of whom have had sophisticated research careers and now hold important academic appointments across North America.

Simulation

When the new Queen's medical school building opened in 2011, it included a greatly enlarged Clinical Simulation Centre (CSC) dedicated to excellence in clinical care and patient welfare. Our residents directly benefit from this state-of-the-art facility which recognizes the importance of patient simulation and surgical skills in medical education. The CSC spans more than 8,000 square feet and includes four simulation labs for high fidelity mannequin scenarios including a complete operating room and two emergency rooms. There are also two large surgical skills labs for partial trainers, virtual reality-style simulators, and four debriefing classrooms linked to the simulation labs by one-way mirrors.

Conferences and Workshops

New residents attend the annual two-day Intensive Introduction to Endoscopy course offered each year at McMaster University, and all residents receive funding to attend the annual Gastroenterology Resident in Training (GRIT) course at the CAG annual meeting. A variety of additional opportunities are provided such as the Medical Education Seminar Series.

Training Hospitals

Kingston General Hospital (KGH) is a regional gastroenterology resource for a population of about 750,000 but continually expanding. Facilities include a busy emergency department, a large multi-functional ICU, coronary care and neurological intensive care specialty units and renal dialysis. Gastroenterology maintains a dedicated inpatient CTU. The case mix includes patients awaiting special procedures, inflammatory bowel disease patients, patients with unstable GI bleeding, and liver failure cases. A well equipped endoscopy suite with dedicated endoscopy nursing staff provides all endoscopic services 24 hours a day.

The KGH experience is designed to provide trainees with supervised opportunities to evaluate and manage sick GI cases requiring hospital-based care and to develop additional skills critical to the efficient use of hospital resources.

Hotel Dieu Hospital (HDH) is an ambulatory care facility, providing medical care or treatment that does not require an overnight stay and that includes services such as specialized clinic visits, day surgeries, and diagnostic or therapeutic procedures using advanced technology and equipment.

The objectives of ambulatory training are to provide supervised exposure to both common and unusual ambulatory GI problems and to instruct residents in the organization and operation of an ambulatory endoscopy facility. HDH has excellent well-staffed clinic space.

Program Strengths

Teaching and dedication to Competency Based Medical Education: The GI faculty under the leadership of Dr Ropeleski have made the transition of the GI training program to a CBME format as of July 1, 2017 a reality and an early success. Each resident will now have a dedicated academic advisor who will meet with them to review and appraise their learning activities and assessments towards the achievement of entrustable competencies across the Transition to Discipline, Foundations, Core and Transition to Practice stages of the new curriculum.

Size: Our program offers a collegial and supportive environment. The small size of the program facilitates a close working relationship with faculty who are able to offer frequent formal and informal feedback. Meeting requirements for numbers of procedures completed is never a concern.

Faculty: All faculty members are academic gastroenterologists, dedicated to both teaching and research. They place a high priority on teaching residents.

Research: The program strongly encourages research and residents directly benefit from their access to the internationally-respected GIDRU members.

Clinical Exposure: There is high volume and excellent mix of patients with both common and less common GI problems, enabling residents to achieve competence over the course of their training.





SCHOOL OF
Medicine

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