

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

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Fellowship in Clinical Gastrointestinal Endoscopy

Program outcomes

DEPARTMENT OF SURGERY

Title of Fellowship – CLINICAL GASTROINTESTINAL ENDOSCOPY FELLOWSHIP

Duration of fellowship : 1 year or 12 months

Commencement (of batches) – At 1st June 2018 and 13th December 2018

Objectives of fellowship :

To teach the trainees to obtain the knowledge and technical skills so that he /she is-

- 1) Able to take food history and relevant examination
- 2) Able to decide the need and urgency of any endoscopic examination
- 3) Able to pre-procedure patient check list and instrument check up and obtain informed consent.
- 4) Capable of using various drugs needed in the endoscopic suite including drugs for conscious sedation.
- 5) Able to perform the endoscopic procedure safely and completely.
- 6) Able to correctly interpret the findings with standard terminology , correlate them with the clinical diagnosis and initiate further relevant investigations.
- 7) Able to recognise various possible complications and manage them completely
- 8) Able to manage and understand various trouble shooting tricks during endoscopy and also know when to ask for senior or mentor's help.
- 9) Capable of proper documentation and reporting of the procedures and auditing the work in the department.
- 10) Always willing to learn and strive to improve the quality work.

ELIGIBILITY CRITERIA FOR ADMISSION

After post-graduation in Medicine/Surgery

Course Outcomes

COMPONENTS OF ENDOSCOPIC TRAINING

- Lecture module
- Simulation module
- Live endoscopic module
- Self learning module
- Assessment module

LECTURES IN BASIC UPPER GI ENDOSCOPY COURSE

- History of endoscopy
- Endoscopy hardware
- Endoscopy suite : Design and layout
- Steps of diagnostic endoscopy and troubleshooting.
- Endoscopy pathology
- Documentation and storage of data
- Complication of endoscopy
- Drugs used during endoscopy
- Indication and contraindication for endoscopy
- Cleaning and disinfection of endoscopes
- Therapeutic endoscopy and overview on various accessories.
- Basics of colonoscopy and ERCP
- Various common GI topics and role of medical, endoscopic and surgical therapy
- Recent advances in the field of endoscopy

SIMULATION MODULE

- Perform and demonstrate various steps of endoscopy using the upper GI Endoscopy and colonoscopy module
- The static plastic models for teaching hand eye co-ordination and scope handling (e.g. Classen's upper GI plastic dummy, St. Markes colonoscopy plastic tubing simulator)
- Use animal models using pig or goat and teach therapeutic intervention (EASIE ANIMAL MODEL)

LIVE ENDOSCOPIC MODULE

- By components and passionate set of faculty teaching all the tricks in the art of endoscopy and following the trainee to do the procedure step by step
 - STEP 1 – Allow them to watch all the endoscopy steps closely and recognise and describe various lesions.
 - STEP 2 - Make them handle the scope during withdrawal then allow them to do various parts of the procedure.
 - STEP 3 – Allow them to do the whole procedure himself/herself under the direct supervision.
 - STEP 4 – Teach the importance of patient safety and comfort.

STEP 5 – Teach how to monitor the patients and recognise any complications.
STEP 6- Teach standard procedures initially and once he/she is competent then proceed for more advanced procedure later.

STANDARD PROCEDURES

- Diagnostic endoscopy :Flexible sigmoidoscopy
- Able to do biopsy and do H.pylori test
- Endoscopic band ligation and haemostasis for bleeding ulcers
- Able to perform Savary and balloon dilatation
- Snare polypectomy of the pedunculated polyps

ADVANCED PROCEDURES

- ERCP and EUS
- Dilatation of complex strictures and stent deployments
- Achalasia balloon dilatation
- Glue injection of fundal varices
- Endoscopic mucosal resection and submucosal dissection techniques

HOW MANY CASES YOU HAVE TO DO TO BECOME COMPETENT ENDOSCOPIST ?

- At least 100-130 Gastroscopy
- 200 colonoscopy
- 25-30 flexible sigmoidoscopy
- 150-200 ERCP

Above threshold numbers for training are arbitrary and rough guide. We should realise that the procedure competency varies between individuals and also competency in one procedure does not translate the competency in the other procedure. Even after certification, the trainee should be fine tune and improve their skills by attending further training programmes periodically.

SELF LEARNING MODULES

- Web based learning eg – You tube , various atlases and imaging gallery webcasts.
- Standard books, DVD with various procedures , endoscopy journals


ASSESSMENT MODULES

- Both knowledge and technical skills are assessed by various components of their module
- Written assessment: By means of MCQ and short essay papers
- Oral presentation of various topic by trainee
- Viva by external faculty to assess the competency of trainee and quality of training

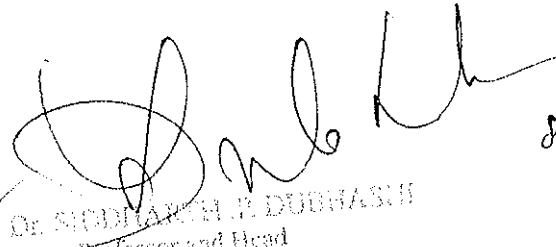
- Practical assessment : with simulators and during real clinical setting
- Log book submission with the documentation of all the procedures seen or done under supervision.

QUALITY OF AN ENDOSCOPY TRAINER

- Designs a curriculum to train the candidate satisfactorily.
- Constant monitors his/her progress in acquiring various technical skills.
- Willing to tailor the programme as per the need to the trainee and according to his/her (need) skill level.
- Willing to update the program as per the feedback from previous trainees.
- Guides them with necessary reading materials and CDs/DVDs.
- Always available and willing to listen and clarify any doubts from trainee.


Dr. Rajesh B. Goel
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