Colonoscopy Upskilling

Donald MacIntosh
Dalhousie University
Halifax, NS Canada
Conflict of Interest

• Nothing to disclose.
Objectives

• To provide a brief overview of the Canadian journey to date
• To review what worked
• To discuss lessons learned
What Is Known

• The quality of colonoscopy performance is variable and should be improved.
• There is a correlation between ADR and PCCRC.
• Improving ADR lessons the likelihood of PCCRC.
Response In Canada

• With the development of population-based screening, we needed to improve the quality of colonoscopy
Our Approach

• Can I Improve My Colonoscopy Quality?
• Yes you can!
Canadian Healthcare

Feds Give Out Money

Minimal Oversight

No Hockey Stick

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A Decision Is Made

• CAG decides skills improvement is a priority (2012)

• SEE™ Program developed
  – Co-leads named
  – Central resources (CAG)
  – Only 5 trainers at this point
Now The Train Really Starts Moving

- Course curricula established
  - supporting materials
- Training centres established
  - logistic requirements
- Faculty training begins
  - faculty notes
  - vignettes document
Getting Organized

- CAG central website
- course schedules
- faculty assignments
- faculty-in-training assignments
- delegate sign up
Certified SEE™ Training Centres - 12

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SEE™ Courses

3 types of courses (CSI, TET, EPIC)

175 courses to date

500+ delegates
Faculty

- 26 certified trainers
  - (12 are level 2)
- 8 currently in training
We Should Be Proud!

The Colonoscopy Skills Improvement (CSI) Course is a recipient of the 2016 Royal College Accredited CPD Provider Innovation Award

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Lessons Learned

• Central organization is key for success
Lessons Learned

You need local champions
Collaboration Is A Must

We are training endoscopists!

Surgeons, General Internists, and Family Physicians have taken these courses

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Faculty Certification

Needs to organized and formalized.

“I’ve done four courses,

I’m certified right?”
Research:

Better pre- and post-assessment to understand the effect/magnitude of these courses.
Just Do It!

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Thank you!

Summer in Mahone Bay, Nova Scotia