

Syllabus for Online Training on Clinical Standards of Practice for Colonoscopy

Targeted users

This training is intended for medical specialists (surgeons, gastroenterologists and internists) of the Quebec health and social services network.

Objectives

The Direction générale de cancérologie of the Ministère de la Santé et des Services sociaux du Québec offers this training to promote the continuing professional development of medical specialists and promotes the application of clinical standards of practice for colonoscopy aimed at improving quality in the Quebec cancer network.

General learning goals

- Recognize quality standards for colonoscopy.
- Integrate quality standards into practice.
- Recognize the standards for training, granting of practice privileges and maintaining the skills of colonoscopists.
- Demonstrate understanding of each standard and demonstrate its application by improving the quality of colonoscopy.

Duration

The duration of this training is approximately 2h30.

Pedagogical approach

The training is organized in the form of online self-training activities from a secured website reserved for registered learners. The main reference is the document: Clinical Practice Standards for Colonoscopy (MSSS, 2017). It is available on the site and the training directly refers to it. Several educational strategies were used, including:

- the presentation of the components according to a peri-pre-per-post procedural breakdown;
- the contextualization of clinical standards (e.g. clinical vignettes);
- the diversification of the media (e.g. reading on the screen, tables, figures, diagrams, images, videos, etc.).

The use of pre / post-test assessments will allow the learner to evaluate their level of knowledge on clinical practice standards related to colonoscopy.

A reflective practice activity is to be associated with this online training. This personal activity leads the learner to see the impact on his practice and the changes he intends to make in the short term.

Organization of content and specific learning targets

Components	Activities	Specific learning targets*
Introduction	1. Introduction	<ul style="list-style-type: none"> • Understand the course of the training. • Understand navigation conventions in activities.
Peri-procedural	2. Colorectal cancer screening and investigation	<ul style="list-style-type: none"> • Define colorectal cancer screening and the target population. (Exp) • Differentiate between screening and investigation methods. (Exp) • Comprehend the screening positivity threshold retained. (Exp) • Review the Clinical Practice Guidelines for Colonoscopy. (Exp, Sch) • Incorporate the quality standards into their practice. (Exp, Sch)
	3. Colonoscopy competencies	<ul style="list-style-type: none"> • Identify the standards related to training, granting of privileges, and maintaining the skills of colonoscopists. (Sch)
	4. Standardized colonoscopy report	<ul style="list-style-type: none"> • Recognize the importance of documenting the entire procedure. (Prof)
Pre-procedural	5. Colonoscopy request management	<ul style="list-style-type: none"> • Prioritize colonoscopy requests according to set criteria. (Lead)
	6. Defibrillator and pacemaker	<ul style="list-style-type: none"> • Recognize the risks related to individuals with an implantable cardioverter defibrillator (ICD) or a pacemaker during colonoscopy. (Exp, Prof) • Take the necessary action to ensure safe practice when performing colonoscopy on an ICD or pacemaker wearer. (Exp)
	7. Free and informed consent	<ul style="list-style-type: none"> • Identify the ethical principles of free and informed consent. (Prof) • Recognize the importance of documenting and obtaining written consent for all diagnostic and therapeutic procedures. (Sch, Prof, Comm, Coll)
	8. Bowel preparations	<ul style="list-style-type: none"> • Identify which bowel preparations have been recognize an approved by Health Canada. (Exp, Sch) • Select a bowel preparation based on whether or not the person has specific health conditions. (Exp, Sch)

Components	Activities	Specific learning targets*
	9. Antithrombotic therapy	<ul style="list-style-type: none"> Broadly identify the risks and benefits of a colonoscopy for a patient undergoing antithrombotic therapy. (Exp, Sch) Identify the new antiplatelet and anticoagulant drugs. (Exp, Sch)
	10. Antibiotic prophylaxis	<ul style="list-style-type: none"> Identify the recommendations related to antibiotics prophylaxis prior to colonoscopy. (Exp, Sch)
Per-procedural	11. Sedation - analgesia	<ul style="list-style-type: none"> Identify sedation-analgesia criteria ensuring the safety and well-being of the patient. (Exp, Prof)
	12. Manipulation of the endoscope	<ul style="list-style-type: none"> Identify optimal patient positioning during a colonoscopy. (Exp) Recognize the various types of loops depending on the position of the patient and the inserting of the colonoscope. (Exp) Apply endoscope manipulation methods. (Exp)
	13. Quality of the preparation	<ul style="list-style-type: none"> Recognize and document the quality of bowel preparation. (Coll, Comm, Sch)
	14. Cecal intubation	<ul style="list-style-type: none"> Identify the desired cecal intubation rate. (Sch, Comm, Prof) Document cecal intubation. (Sch, Comm, Coll) Take the necessary measures in the event of an incomplete colonoscopy. (Exp)
	15. Withdrawal time	<ul style="list-style-type: none"> Identify that withdrawal time is correlated with adenoma and polyp detection rate. (Sch, Comm, Prof) Document the withdrawal time in colonoscopy reports. (Sch, Comm, Prof)
Post-procedural	16. Polypectomy	<ul style="list-style-type: none"> Explain the importance of the adenoma detection rate as a marker of colonoscopy quality. (Prof) Describe the endoscopic and histologic characteristics of a polyp at risk of neoplasia. (Sch) Name the best techniques available for complete polyp removal. (Sch)
	17. Significant clinical events related to colonoscopy	<ul style="list-style-type: none"> Identify significant clinical events (SCE) (Exp) Discuss the SCE monitoring process. (Sch, Prof) Recognize the level of association between the SCE and colonoscopy. (Sch)

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		<ul style="list-style-type: none"> • Determine the severity of the SCE. (Sch, Exp) • Select le appropriate action plan for various SCEs. (Sch, Exp)
	18.Management and monitoring based on risk, and clinical follow-up based on medical condition	<ul style="list-style-type: none"> • Develop criteria to make a diagnosis. (Sch) • Identify the conditions necessary to establish a diagnosis. (Exp) • Determine patient management based on endoscopic and clinical history, and risk factors for colorectal cancer. (Exp, Comm, Adv)

* A reference to CanMEDS competencies appears in parentheses according to the following legend: (Exp) Medical expert; (Comm) Communicator; (Coll) Collaborator; (Lead) Leader; (Adv) Health Advocate; (Sch) Scholar; (Prof) Professional.



Request for credits

The Centre de formation continue (CFC) of the Faculté de médecine et des sciences de la santé de l'Université de Sherbrooke is fully accredited by the Collège des médecins du Québec and by the Committee on Accreditation of Canadian Medical Schools. This activity is an approved simulation (section 3) for a maximum of 2.5 hours of training as defined in the Certificate Maintenance Program of the Royal College of Physicians and Surgeons of Canada.

Registration

Training is free for medical specialists (surgeons, gastroenterologists and internists) of the Quebec health and social services network. To request access, visit this web page <https://formations.msss.gouv.qc.ca>