ADVANCED INFLAMMATORY BOWEL DISEASE CLINICAL RESEARCH FELLOWSHIP
Division of Gastroenterology
University of Alberta

OBJECTIVES
The Advanced Inflammatory Bowel Disease Clinical Research Fellowship’s purpose is to train, educate and advance clinical, research and academic leadership by encompassing a comprehensive approach to inflammatory bowel disease (IBD) through the following objectives:

— To gain experience, understanding and knowledge in the management of complex IBD patient care, including diagnosis, advanced medical and endoscopic therapies and ongoing maintenance and support of chronic illness.

— To recognize the indications and contraindications for complex medical therapeutic regimens and algorithms, including approved and research-related novel biologic therapy and to have direct experience in managing these therapies.

— To establish professional relationships with patients, their families and referring physicians. In doing so the Fellow will be able to discuss appropriate diagnostic and management information with these parties, and develop therapeutic relationships with patients and their families while providing a detailed consultation correspondence to the associated health care providers.

— In the setting of limiting health resources, the fellow will appreciate and manage the balance between the physician’s role as the patient’s advocate and as manager to optimize the use of limited health resources.

— To recognize psychosocial issues which may impact adherence by the patient. The Fellow will be exposed to strategies and efforts needed to assist patients to focus positively on their health issues, while balancing other life challenges.

— To have an appreciation of the multidisciplinary team approach to management of inflammatory bowel disease and to work with the multi-professional team by effective collaboration between the primary care providers, other consultants, specialized nurses, dieticians, pharmacists and IBD- related health care providers.

— To develop a full and comprehensive understanding of the clinical research projects associated with IBD on a global basis, and to actively participate and meaningfully contribute in the ongoing IBD clinical research projects in the Division of Gastroenterology.

— To initiate and complete a scholarly and/or research project in an aspect of IBD that may serve as the basis for a Masters Degree, or equivalent, thesis. The fellow will be responsible for at least 1 major research project and 1 or more minor research projects during the course of their fellowship.

— To select and successfully complete University of Alberta graduate degree level courses. These may/may not be required as part of the Masters degree and will advance the clinical, research and academic leadership of the individual.

— To participate in regular (weekly/bi-weekly) discussions (case-based, journal club) with members of the IBD team in the lifelong pursuit of continuing medical education.

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— To teach the GI residents on their IBD rotation about the management of IBD patients (in biologic clinic, in research trials, endoscopy).

— To benefit from the ongoing mentorship from preceptors in the development of a career with a focus in IBD.

**Clinic/Endoscopy** – Advanced IBD Fellows will attend and participate in the endoscopy and clinic of the IBD physician they are assigned to. The fellow is expected to update the IBD flow sheet and the problem list in EClinician. Endoscopy notes are dictated into the Hospital Dictation system. Each clinic visit requires a letter to the Referring Physician (and GP); these letters need to be either dictated or generated in EClinician – please ask your Attending Physician for direction on using dictation or EClinician.

**IBD consult service/In-patients** – IBD patients are frequently admitted to either the IBD team or to the GI ward service. Advanced IBD Fellows are responsible for the admission, daily care and discharge management of admitted patients. The fellow will round and write progress notes daily. Management plans should be reviewed with the IBD team regularly. The rota for IBD Consults is listed on the 6-month IBD Fellows Schedule. IBD Consults – The IBD service provides a consultation service to admitted IBD patients. All IBD consults must be seen within 48 hours and reviewed with that patients’ IBD physician or the IBD physician of the week. (The purpose of this service is to assist the consult service with complicated IBD patient management issues and should not exclude the residents/fellows on the consult service. The IBD consult service is not a replacement for the GI Consult Service; all patients seen should have been seen first by the GI Consult Service.) The rota for IBD Consults is listed on the 6-month IBD Fellows Schedule.

**Biologic Clinic** – The IBD patients on biologic therapies receive their infusions in the BioClin facility in the basement of ZLC (780-492-5462) and Campus Towers (Suite 312, 8623 – 112 Street; 780-439-9293). Advanced IBD Fellows are responsible to see the biologic patients in ZLC at each visit. When GI residents are on their IBD rotation, the Advanced IBD Fellow will help supervise the residents seeing these patients. The encounter is completed by update of the IBD flow sheet and creation of a short, problem-based EClinician letter to the primary provider. Each IBD Fellow will be responsible for a part of the alphabet, by patient last name.

Patients booked at Campus Towers are stable patients, and so do not need to be seen at each visit; however we are on call for these patients. A Campus Tower Call Schedule is available on Moodle. Research Clinic – Each week the research coordinators see numerous patients on clinical trials. The Advanced IBD fellow will assist with the daily care of these patients – this includes physical examination (as clinically indicated or as prescribed by the research protocol), documentation (EClinician letter) and follow-up of investigations ordered.

**IBD Rounds/IBD journal club** – The IBD fellow is expected to be present and participate in weekly IBD rounds on Thursday afternoon to review all current inpatient IBD consults and to be involved in all case discussions. Once a month there will be IBD journal club during which the IBD fellow will be expected to choose and present a recent, impactful manuscript with some staff guidance. Some journal clubs will be completely staff driven, with the IBD fellow reviewing the papers and participating in discussion after.

**On-Call requirements** – IBD fellows are expected to participate in limited on-call responsibilities, both in weekday overnight call and weekend call. This would maximally entail approximately 1-2 overnight calls per month and 1-2 weekends per 6 months. During this period, a staff GI physician will be available for consult review, with the IBD fellow acting as the senior GI resident. As part of the scheduling process, the chief GI resident will request monthly availabilities/away dates.

**Morning Report** – The IBD fellow on IBD consult service for the week will be expected to attend GI morning report for discussion of any new IBD consults/admissions and the addition of these patients to the IBD consult list.
Schedules for GI Rounds, Research Rounds, Clinical Service are available on the Division of Gastroenterology website.

**CANMEDS OBJECTIVES:**

**Medical Expert:** The Advanced IBD Fellow will gain experience, understanding and knowledge in the management of complex IBD patient care, including diagnosis, advanced medical and endoscopic therapies and ongoing maintenance and support of chronic illness. The Advanced IBD Fellow will recognize the indications and contraindications for complex medical therapeutic regimens and algorithms, including approved and research-related novel biologic therapy and will have direct experience in managing these therapies.

**Communicator:** The Advanced IBD Fellow will establish professional relationships with patients, their families and referring physicians. He/she will be able to discuss appropriate diagnostic and management information with these parties, and develop therapeutic relationships with patients and their families while providing a detailed consultation correspondence to the associated health care providers.

**Collaborator:** Patients seen during this rotation are referred and frequently complex, and their effective care depend on effective collaboration between consultants, primary care provider, and other health care providers. The IBD clinic is a multi-professional clinic of specialized nurses and physicians. The Advanced IBD Fellow will be exposed to the workings of this team and learn to communicate effectively with team members.

**Manager:** In the setting of limited health resources, the Advanced IBD Fellow will appreciate and manage the balance between the physician’s role as the patient’s advocate and as manager to optimize the use of limited health resources.

**Advocate:** Many patients with IBD have psychosocial issues, which may impact compliance and treatment adherence. Many effective medications are expensive, and frequently not covered by Alberta Blue Cross. The Advanced IBD Fellow will be exposed to strategies and efforts needed to help these patients to focus positively on their health issues, while balancing other life challenges. Many of the staff members routinely act as patient advocates lobbying government to provide coverage of new and emerging medications. These issues will be highlighted during discussion of relevant cases.

**Scholar:** The Advanced IBD Fellow will complete a scholarly and/or research project in an aspect of IBD. To facilitate this objective, at least one ½ day is set aside per week for self-directed learning and research endeavors. Discussions between staff and resident will be centered around cases to highlight the relevant or controversial issues in current literature.

**Professional:** The Advanced IBD Fellow will participate in regular discussions (case-based, journal club) with members of the IBD team in the lifelong pursuit of continuing medical education.

Brendan Halloran, MD
IBD Fellowship Program Director