

Approved by the Federation of the Royal College of Physicians UK for 30 external (category 1) CPD credits

- After successful registration and payment, trainees are granted access to learning resources two weeks in advance of the course commencement date, which should be reviewed in advance of the course.
- Self-directed reporting practice commences after an introductory webinar.
- Access to resources is available for 6 months once the course commences.

Reading preparation: Image Recognition App.

Learners review the Image Recognition App. – delivered via mobile device, covering induction, normal mucosal video clips, abnormal mucosal video clips with supporting explanations in line with current guidelines¹. A detailed List of Contents can be found in the Appendix. Over 3.5 hours of preparation available.

Available from registration and for the duration of the course. Usage beyond this period subject to charges.

Weekly webinars: Please see schedule below

Each webinar lasts about an hour. Attendance is encouraged, but not mandatory. All webinars are recorded and shared.

Reading practice: 20 supervised full case reads via the PillCam Simulator.²

There are 4 stages containing 5 cases each. The 3 formative stages progress through easy, moderate and difficult, followed by the final 'summative' stage. Exit assessment requiring 90% identification of clinically significant findings.² Reporting is supported with immediate online feedback, weekly group webinars and expert review at the end of each stage. Best practice to encourage a review of the oesophagus, stomach and small bowel (SB).

¹ "Hands-on sessions

..... Course directors are recommended to have a **video library** with several full videos and video segments containing **anatomy, common and uncommon findings and special situations**. It is also recommended to **categorise the videos as easy, moderate and difficult** in order to match difficulty to the trainees' ability and level of acquired skills."

Fernandez-Urien I, et al. International core curriculum for capsule endoscopy training courses. *Endosc Int Open* 2017; **5**: E526-E538 [PMID: 28596986 DOI: 10.1055/s-0043-106181]

² "Based on available data, we recommend a **minimum number of 20 supervised procedures** to provide adequate experience for those intending to practice CE independently.^[SEP]

Passing a formalized in-service examination or **achieving a 90% or greater correlation rate of significant findings compared with a credentialed capsule endoscopist would be a reasonable expectation.**"^[SEP]

ASGE Training Committee 2011-2012. Rajan EA, et al. Small-bowel endoscopy core curriculum. *Gastrointest Endosc* 2013; **77**: 1-6 [PMID: 23261090 DOI: 10.1016/j.gie.2012.09.023]^[SEP]

Certification: Successful candidates will be awarded a certificate of completion.²

Study leave: You might find it helpful to request at least three sessions of study leave in order to get going. You can complete half the reading requirement (10 cases) in that time.

Trainee persona (TP) types:

TP 1 - Experienced endoscopists or colon capsule readers (gastroenterologists, colorectal surgeons, nurse specialists) may be familiar with PillCam reading software, but unlikely to be familiar with SB pathology.

TP 2 – Clinicians with Endoscopy Unit experience, but not hands-on endoscopy or capsule reading, eg an Endoscopy Nurse.

Timetable:

Online course – up to 8 weeks – part-time – LEARNING REQUIREMENT 50 HOURS.

	Morning Zoom seminar	Suggested weekly reporting rate.	Evening Zoom seminar <i>(timings and topics subject to change.)</i>
Week 1 Easy cases	Monday 9am – 10am Introductory Meeting. The learning platforms and agenda setting.	3 Reports.	
			Tuesday – 7pm – 8pm “Preps, landmarks and common findings”
Week 2 Easy / Moderate cases		3 Reports.	Tuesday – 7pm – 8pm “Small bowel capsule clips.”
Week 3 Moderate cases		3 Reports.	Tuesday – 7pm – 8pm “Setting up a capsule service.”
Week 4 Moderate / Difficult cases		3 Reports.	Tuesday – 7pm – 8pm “Beyond endoscopy: the gut, the vagus and the brain.”
Week 5 Difficult cases		3 Reports.	
Week 6 to 8 Summative Assessment		5 Reports.	

Appendix **Induction and Image Recognition App. - List of Contents.**

<p>Course 0 - The IMiGe COURSE</p>	<p>Course 12 – THE NORMAL DUODENUM</p>
<p>Course 1 - INDUCTION Lesson 1 – Why wireless capsule endoscopy? Lesson 2 – Obtaining Consent for Capsule Endoscopy. Lesson 3 – Preparation for UGI and SB Capsule. Lesson 4 – Preparation for Colon Capsule. Lesson 5 – The PillCam Recorder. Lesson 6 – Tips and Tricks. Lesson 7 – Good Posture and Best Practice.</p>	<p>Lesson 1 – The Normal Duodenum. Course 13 – DUODENUM – THE MORE COMMON DISORDERS Lesson 1 – Common Disorders of the Duodenum on Capsule Endoscopy. Course 14 – THE NORMAL JEJUNUM AND ILEUM Lesson 1 – The Normal Jejunum and Ileum.</p>
<p>Course 2 – THE TONGUE Lesson 1 – The Capsule Appearance of the Tongue.</p>	<p>Course 15 – JEJUNUM AND ILEUM – THE MORE COMMON DISORDERS Lesson 1 – Angiectasia. Lesson 2 – Villous Atrophy. Lesson 3 – Small Intestinal Lymphangectasia. Lesson 4 – Chronic Aspirin and Non-Steroidal Anti-inflammatory Enteropathy. Lesson 5 – Patency Capsules and the Lewis score in Patients with Suspected Small Bowel IBD. Lesson 6 – Small Bowel Inflammatory Bowel Disease. Lesson 7 – Overt Haemorrhage in the Small Bowel.</p>
<p>Course 3 – OESOPHAGUS – THE SIP TECHNIQUE AND DELIVERY PROCESS Lesson 1 – The Specialised Ingestion Procedure (SIP) to Examine the Oesophagus.</p>	<p>Course 16 – THE JEJUNUM AND ILEUM – THE LESS COMMON DISORDERS Lesson 1 – Small Bowel Lipoma. Lesson 2 – Small Bowel Neuroendocrine Tumour. Lesson 3 – Intussusception of the Small Bowel. Lesson 4 – Meckel’s Diverticulum. Lesson 5 – Helminthiasis.</p>
<p>Course 4 – THE NORMAL OESOPHAGUS Lesson 1 – Normal Oesophageal Mucosa. Lesson 2 – Normal Z-line. Lesson 3 – The Lower Oesophagus and the “Pinch Point”.</p>	
<p>Course 5 – OESOPHAGUS – THE MORE COMMON DISORDERS Lesson 1 – Hiatus Hernia. Lesson 2 – Oesophagitis. Lesson 3 – Barrett’s Oesophagus. Lesson 4 – Oesophageal Varices.</p>	
<p>Course 6 – OESOPHAGUS – THE LESS COMMON DISORDERS Lesson 1 – Less Common Oesophageal Disorders for the Capsule Endoscopist. Lesson 2 – Rare Disorders of the Oesophagus.</p>	
<p>Course 7 – STOMACH – PREPARATION AND DELIVERY PROCESS Lesson 1 – Preparing Patients for Capsule Imaging of the Stomach.</p>	
<p>Course 8 – THE NORMAL STOMACH Lesson 1 – Capsule Endoscopy and the Normal Stomach.</p>	
<p>Course 9 – STOMACH – THE MORE COMMON DISORDERS Lesson 1 – The More Common Gastric Disorders for the Capsule Endoscopist.</p>	
<p>Course 10 – STOMACH – THE LESS COMMON DISORDERS Lesson 1 – The Less Common Gastric Mucosal Disorders.</p>	
<p>Course 11 – THE SMALL INTESTINE – PREPARATION AND DELIVERY Lesson 1 – Preparing the Patient for Small Bowel Capsule Endoscopy.</p>	