

ROTATION SPECIFIC OBJECTIVES

*Division of Gastroenterology, Department of Medicine
University of Toronto*

RESEARCH

The RCPCS specifies that a period of research be undertaken during the gastroenterology residency to a maximum of six months. Dr. Nazia Selzner (Nazia.Selzner@uhn.ca) and Dr. Jordan Feld (Jordan.Feld@uhn.ca) are the directors of research. Our training program provides three months of research, which may not necessarily occur consecutively. At least 6 months prior to the first research month, the trainee is expected to identify a research supervisor, outline the main aspects of the research project, define the aims of the project, review the background literature and outline the methodology. Data collection, analysis, and the preparation of abstracts and papers can be completed within the subsequent research months, as well as throughout the academic year. During the 8-week ambulatory block, one half day is also dedicated to the above. Any other clinical activity during Research blocks must be discussed with the supervisor and Dr. Jordan Feld or Dr. Nazia Selzner. In order for a trainee to forfeit one month of the 3-month Research block for clinical or other academic activities, discussion and approval must be given by the project supervisor, Dr. Selzner, Dr. Feld and the program director. The request must be made during the PGY4 year.

CANMEDS-BASED OBJECTIVES

At the end of this rotation, the GI Resident will be able to:

MEDICAL EXPERT

- Demonstrates knowledge of the relevant medical information inherent to the research question

COMMUNICATOR

- Effectively present his / her research data (verbal or written)

COLLABORATOR

- Work effectively with a supervisor or supervisors, and other colleagues on a research project
- Interact well with supervisor and other members of his / her research team (Research Ethics Board, allied health personnel, clerical workers, statisticians etc.)

LEADER

- Demonstrate attention to detail and organization

ROTATION SPECIFIC OBJECTIVES

*Division of Gastroenterology, Department of Medicine
University of Toronto*

HEALTH ADVOCATE

- Maintain patient safety within the context of clinical research studies

SCHOLAR

- Pose a research question (clinical, basic or population health);
- Develop a proposal to solve the research question:
 - conduct an appropriate literature search based on the research question
 - identify, consult and collaborate with appropriate content experts to conduct the research
 - propose a methodological approach to solve the question
- Complete the research outlined in the proposal
- Disseminate the results of the research at the University of Toronto Research Day
- Demonstrate the ability to critically appraise the literature relevant to his / her research

PROFESSIONAL

- Demonstrate integrity and honesty regarding research methodology, proportion of work completed by individual and results
- Meet research target timelines, including completion and submission of a research summary / manuscript on Research Day
- Ensure that patient data is maintained confidential at all times

ROTATION SPECIFIC OBJECTIVES

*Division of Gastroenterology, Department of Medicine
University of Toronto*



**DEPARTMENT OF MEDICINE
CO-LEARNING CURRICULUM IN QUALITY IMPROVEMENT
(C-QUIPS)**

CURRICULUM OVERVIEW

This co-learning curriculum, via the DoM, is a longitudinal quality improvement (QI) and patient safety (PS) curriculum for all Gastroenterology Residents at the University of Toronto. The curriculum provides trainees the skills required to participate and lead QuiPS initiatives at their institution and in their daily practice. In designing a PS or QI project, Residents will gain the leadership and teamwork skills required for successful PS and QI collaborations.

C-QUIPS GOALS

- 1. Residents and faculty are co-learners** – PGY4 and PGY5 level
Residents and faculty members (both the program director and designated faculty leads) will attend the formal teaching sessions together, and participate in group experiential learning activities to develop knowledge and skills in QI.
- 2. Residents work with a faculty lead in teams to carry out their QI project** – Residents will work together on a single QI project. The team-based design allows individual team members to take a more active role during lighter clinical rotations, while handing the project off to other team members while on busier rotations. Wherever appropriate, teams should consider whether other health professionals should be included.
- 3. QI projects should align with divisional quality priorities** – wherever possible, the focus of the improvement activities should align with ongoing quality initiatives. Program directors and faculty leads should engage Divisional Directors and discuss potential QI initiatives, and present project teams with several options for them to consider.