

The CAG role in graduate education

Desmond Leddin MB FRCPC
Chair, CAG Education Committee



En français voir page 218

Central goals for the Canadian Association of Gastroenterology (CAG) and the Canadian Digestive Health Foundation (CDHF) are those of maintaining and increasing the 'bolus' of researchers and clinicians that enter the gastroenterology (GI) stream. This affords the required basic research base and clinical mass to accommodate future requirements on the health care system with respect to GI. To meet the clinical demand for GI services, it is necessary that an appropriate number of residents choose GI as a subspecialty, and that those who choose GI are appropriately trained.

The CAG Education committee plays a role in both of these areas.

According to the Canadian Resident Matching Service, approximately 1400 Canadian medical students graduate each year. Another 700 independent students, including former graduates of Canadian medical schools, American students and graduates of international medical schools, compete for 200 positions in the second iteration of the match. However, in 2002 only 163 graduating students chose internal medicine as a career. It is from this group that new gastroenterologists will emerge.

Residents completing their third year of internal medicine training can choose a number of directions. They can continue on and graduate as general internists. This role has always been important and may become even more important in the near future, with the move toward integrated primary and secondary care. They can also choose from one of the 22 subspecialty programs on offer. Clearly, if GI is to maintain its ranks, we have to be competitive for a relatively small number of graduates.

The CAG has established the Scholars Program to attract residents into GI. Drs Bob Bailey and Richard Fedorak initiated this in 2001, now chaired by Dr Jamie Gregor (University of Western Ontario, London, Ontario). Each teaching university is asked to nominate up to two medical residents to attend the program. The program allows students an opportunity to meet and interact with a number of role models from community, hospital-based, university and nonuniversity, practices. The program has been very successful in enlightening students who are leaning toward GI, and reassuring them that their choice is a good one.

Once the residents are committed to GI, CAG also plays a role. CAG provides a three-day course (Gastroenterology Residents in Training Program – GRIT) before each Canadian Digestive Diseases Week conference. This is now in its 11th year and has become a highlight of CAG's education efforts. Dr Ron Bridges (Calgary, Alberta), who works with a group of very talented educators and scientists, chairs it. The residents have to submit a work of value to gain admission. It consists of a series of events, some are didactic, most are highly interactive and innovative. Residents are provided with an agenda regarding key GI issues, an opportunity to present their work as well as interact with peers in small group sessions and an opportunity to connect with their colleagues across the country. It is an intensive course which makes the 08h00-17h00 schedule of the main meeting appear relaxed. For those of us fortunate to have been invited to teach at this meeting it is an experience not to be forgotten for both the quality of the science and education and the general sense of energy that these extremely talented residents bring to the meeting. My personal favourite would have to be the GI residents from Quebec presenting their analysis of a clinicopathological conference on Whipple's disease to the tune of "YMCA".

In addition to the annual meeting, the on-line interactive lecture series (www.cag-acg.org), and the liaison between the Royal College, the CAG, and the GI community (for section 1 accredited events) there are two specific educational programs which the CAG promotes. In 2002, it was brought to CAG's attention that some of the residency training programs were having difficulty in running basic and clinical science rounds. With the support and sponsorship of industry, a national video-conference round was established. Dr Dana Farina and Dr Janice Barkey chair this initiative. Each month residents go to their local videoconference site and are given an interactive presentation by a national expert on a selected topic. More details on this program can be found under the Education section of the CAG Web site at www.cag-acg.org. This is the first year of the program and the feedback to date is very positive.

The role of CAG in graduate education is one of which the organization can justifiably feel proud.

The CAG is proud to acknowledge its Benefactor Corporate Sponsors:

Abbott Laboratories Ltd.

AstraZeneca Canada Inc.

Axcan Pharma Inc.

Janssen-Ortho Inc.

