

*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.

**Preparation resources:** Image Recognition App.

Learners are encouraged to review the Image Recognition App on a smartphone or tablet. The extensive video library covers normal and abnormal mucosal clips with supporting explanations in line with current guidelines<sup>1</sup>. A detailed List of Contents can be found in the Appendix. Over 3.5 hours of preparation available.

*Available 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 full case reads via the PillCam Simulator.<sup>2</sup>

Cases begin with land-marking exercises and then cover an increasingly demanding range of difficulty. Reporting is supported with immediate online feedback, weekly group webinars and expert review at the end of each stage. There are 4 stages containing 5 cases each. The 3 formative stages progress through easy, moderate and difficult, followed by a final 'summative' stage, where trainees must recognise at least 90% of significant findings.<sup>1,2</sup>

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<sup>1</sup> "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**, Panter S, Carretero C, Davison C, Dray X, Fedorov E, Makins R, Mascarenhas M, McAlindon M, McNamara D, Palmer H, Rey JF, Saurin JC, Seitz U, Spada C, Toth E, Wiedbrauck F, Keuchel M. International core curriculum for capsule endoscopy training courses. *Endosc Int Open* 2017; **5**: E526-E538 [PMID: 28596986 DOI: 10.1055/s-0043-106181]

<sup>2</sup> "Based on available data, we recommend a **minimum number of 20 supervised procedures** to provide adequate experience for those intending to practice CE independently. ....

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.**"

**ASGE Training Committee 2011-2012**. Rajan EA, Pais SA, Degregorio BT, Adler DG, Al-Haddad M, Bakis G, Coyle WJ, Davila RE, Dimaio CJ, Enestvedt BK, Jorgensen J, Lee LS, Mullady DK, Obstein KL, Sedlack RE, Tierney WM, Faulx AL. Small-bowel endoscopy core curriculum.

*Gastrointest Endosc* 2013; **77**: 1-6 [PMID: 23261090 DOI: 10.1016/j.gie.2012.09.023]

## Online Colon Capsule Reading Course

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

**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 – Lower GI endoscopist – gastroenterologist, colo-rectal surgeon or specialist nurse – who would be familiar with the pathology, but not necessarily the software and hardware.

TP 2 - Experienced SB capsule practitioner who would be familiar with PillCam software and hardware, and also likely, but not necessarily, endoscopist – gastroenterologist, colo-rectal surgeon or specialist nurse.

TP 3 – Clinician with Endoscopy Unit experience, but no hands-on endoscopy experience, eg an Endoscopy Nurse. **WE RECOMMEND YOU ONLY PROCEED WITH COLON TRAINING, IF YOU HAVE PREVIOUSLY COMPLETED THE IMIGe Small Bowel Capsule Reading Course.**

**Timetable:** Online course – 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. “Welcome - The training platform and agenda setting.”	3 reports.	
			Tuesday – 7pm – 8 pm. “Using the PillCam Simulator- landmarking (especially flexures) and common findings.”
Week 2 Easy/ Moderate cases		3 reports.	Tuesday – 7pm – 8 pm. “Bowel preparation, boosters and polyps in colon capsule.”
Week 3 Moderate cases		3 reports.	Tuesday – 7pm – 8 pm. “Colon capsule - A selection of findings.”
Week 4 Moderate/ Difficult cases		3 reports.	Tuesday – 7pm – 8 pm. “Setting up a capsule service.”
Week 5 Difficult cases		3 reports.	Tuesday – 7pm – 8 pm. “Beyond endoscopy: gut, vagus and brain.”
Week 6 – 8 Summative cases		5 reports.	

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

<p><b>Course 0 - The IMiGe COURSE</b></p> <p><b>Course 1 - INDUCTION</b> 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><b>Course 2 – THE TONGUE</b> Lesson 1 – The Capsule Appearance of the Tongue.</p> <p><b>Course 3 – OESOPHAGUS – THE SIP TECHNIQUE AND DELIVERY PROCESS</b> Lesson 1 – The Specialised Ingestion Procedure (SIP) to Examine the Oesophagus.</p> <p><b>Course 4 – THE NORMAL OESOPHAGUS</b> Lesson 1 – Normal Oesophageal Mucosa. Lesson 2 – Normal Z-line. Lesson 3 – The Lower Oesophagus and the “Pinch Point”.</p> <p><b>Course 5 – OESOPHAGUS – THE MORE COMMON DISORDERS</b> Lesson 1 – Hiatus Hernia. Lesson 2 – Oesophagitis. Lesson 3 – Barrett’s Oesophagus. Lesson 4 – Oesophageal Varices.</p> <p><b>Course 6 – OESOPHAGUS – THE LESS COMMON DISORDERS</b> Lesson 1 – Less Common Oesophageal Disorders for the Capsule Endoscopist. Lesson 2 – Rare Disorders of the Oesophagus.</p> <p><b>Course 7 – STOMACH – PREPARATION AND DELIVERY PROCESS</b> Lesson 1 – Preparing Patients for Capsule Imaging of the Stomach.</p> <p><b>Course 8 – THE NORMAL STOMACH</b> Lesson 1 – Capsule Endoscopy and the Normal Stomach.</p> <p><b>Course 9 – STOMACH – THE MORE COMMON DISORDERS</b> Lesson 1 – The More Common Gastric Disorders for the Capsule Endoscopist.</p> <p><b>Course 10 – STOMACH – THE LESS COMMON DISORDERS</b> Lesson 1 – The Less Common Gastric Mucosal Disorders.</p> <p><b>Course 11 – THE SMALL INTESTINE – PREPARATION AND DELIVERY</b> Lesson 1 – Preparing the Patient for Small Bowel Capsule Endoscopy.</p>	<p><b>Course 12 – THE NORMAL DUODENUM</b> Lesson 1 – The Normal Duodenum.</p> <p><b>Course 13 – DUODENUM – THE MORE COMMON DISORDERS</b> Lesson 1 – Common Disorders of the Duodenum on Capsule Endoscopy.</p> <p><b>Course 14 – THE NORMAL JEJUNUM AND ILEUM</b> Lesson 1 – The Normal Jejunum and Ileum.</p> <p><b>Course 15 – JEJUNUM AND ILEUM – THE MORE COMMON DISORDERS</b> 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><b>Course 16 – THE JEJUNUM AND ILEUM – THE LESS COMMON DISORDERS</b> 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><b>Course 17 – THE LARGE INTESTINE – BOWEL PREPARATION AND BOOSTING</b> Lesson 1 – Preparation for Colon Capsule. Lesson 2 – Assessing and grading cleansing.</p> <p><b>Course 18 – THE COLON CAPSULE AND LANDMARKING YOUR STUDY</b> Lesson 1 – The Colon Capsule and Reading Protocol. Lesson 2 – Recognising the Caecal Landmarks. Lesson 3 – Recognising the Ascending Colon and the Hepatic Flexure. Lesson 4 – Recognising the Transverse Colon and the Splenic Flexure. Lesson 5 – Recognising the Descending Colon, the Sigmoid Colon and the Rectum.</p> <p><b>Course 19 – COLON POLYPS, DIVERTICULOSIS, COLITIS AND ANGIODYSPLASIA.</b> Lesson 1 – Background to Colon Polyps. Lesson 2 – Hyperplastic and Adenomatous Polyps. Lesson 3 – Non-Adenomatous Polyps. Lesson 4 – Diverticulosis and Diverticular Disease. Lesson 5 – Ulcerative Colitis. Lesson 6 – Colonic Angiodysplasia.</p>
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