

The 14th International Course on Therapeutic Endoscopy

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All too often, we fail to acknowledge the outstanding leadership in the arts and sciences provided by Canadians to their country and to the world. The recently completed 14th Annual International Course on Therapeutic Endoscopy held in Toronto, Ontario, provides an opportunity to acknowledge the tremendous leadership of Dr Norman Marcon and his team, the Wellesley Group, now based at St Michael's Hospital, Toronto (Drs Haber, Kortan and Kandel). While many centres across Canada offer advanced endoscopy training and the occasional course, this four-day annual meeting is a unique event. From an educational perspective, the course provides tremendous support to the ongoing maintenance of endoscopic skills.

Dr Marcon's vision of an international course to bring the world's experts to Toronto began in 1988. The course provides state-of-the-art lectures combined with live demonstrations of endoscopic techniques. Ample time is provided for questioning the experts either formally or informally. The concept has captured the imagination of the practice community. Course enrolment has been greater than 250 registrants for the past few years.

Dr Marcon and his core team continue to pursue their vision of educational excellence. Those of us who organize symposia and meetings are in awe of a group who have planned and presented 14 consecutive courses. The course also presents a public face for Canadian endoscopy and has

been an excellent vehicle for showcasing Canadian leaders in both endoscopy and gastroenterology.

As a gastroenterology fellow in the 1970s, I learned my endoscopic skills on endoscopes that were stiff, bulky and difficult to use for teaching. Anyone who was a resident during that time can recall the plaintive comment of the supervising endoscopist (in the days before the provision of lecture scopes), "speak to me, tell me what you see!" Today, the endoscopic images are transmitted around the world or up the block, and a new type of educational experience has been provided – the live demonstration. The inventiveness of the endoscopic community in developing technology to provide minimally invasive techniques for a variety of gastrointestinal conditions cannot be underestimated.

It is an incredible experience to see the technical virtuosity of the stars of the endoscopic community. While the event (eg, the endoscopist placing endoscopic clips on a bleeding duodenal ulcer) has some of the aura of a sports event (a gallery of 250, expert commentary by others and the occasional heckler), the educational value cannot be denied.

In this time of evidence-based medicine and outcomes research, future programs might provide educational opportunities for course attendees to be informed in these areas, but that is only a small quibble. Let us toast the Endoscopy Course, a Canadian success story, and wish the group well as it continues to provide leadership in educating endoscopists throughout the world.



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