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NATIONAL COLORECTAL CANCER AWARENESS MONTH

ENDOSCOPY SUITE

ASGE Unveils New Training Facility

By Brigid Duffy

As the global home of endoscopy, the American Society for Gastrointestinal Endoscopy (ASGE) was long in need of a training facility worthy of its stellar reputation. After nine years of planning,

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WEO Provides Global Training In Endoscopy

By Victoria Stern

Early last year, the World Endoscopy Organization (WEO) organized the first Program for Endoscopic Teachers (PET). The aim of the two-day program, held in Hyderabad, India, was to provide

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FOBT Shows 'Striking' Results for Long-Term Reduction in CRC Mortality

By Monica J. Smith

San Diego—A randomized controlled trial (RCT) of fecal occult blood test (FOBT) screening for colorectal cancer (CRC) has demonstrated dramatic reductions in mortality. The results are highly durable and persistent, and also support the role of polypectomy.

Results of the Minnesota Colon Cancer Control Study, which included more than 46,000 participants, aged 50 to 80 years, who were randomized to receive annual or biennial CRC screening with FOBT, or no screening, showed a relative risk for CRC-related mortality of 0.68 in the annual screening arm and 0.78 in the biennial screening arm through 30 years of follow-up. This translated into risk reductions of 32% with annual screening and 22% with biennial screening.

The Minnesota study confirms the findings of two RCTs of biennial CRC screening with FOBT carried out in the United Kingdom and Denmark

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OPINION

Colonoscopy— Facts *The New York Times* Omitted

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If you happened to come across *The New York Times* article "The $2.7 Trillion Medical Bill: Colonoscopies Explain Why U.S. Leads The World in Health Expenditures" (by Elisabeth Rosenthal, June 2, 2013), you undoubtedly felt outraged by what you read, perhaps even betrayed. Outraged to learn about the exorbitant cost of colonoscopy and the profit-mongering schemes of those who provide the service. Betrayed by the insight that the entire thing may have been a fraud: Your colonoscopy may not have even been medically necessary.

On the other hand, if you were a patient at any one of the 5,300 physician-owned and operated ambulatory surgery centers (ASCs) across the country, you may have felt perplexed, even confused. You could not easily dismiss the

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INSIDE

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a framework for endoscopy training programs around the globe.

"The idea was to create a program on how to teach safe and high-quality endoscopy and improve the quality of endoscopic services, which could be brought to many institutions around the world, particularly the developing world," said Douglas Faigel, MD, PET program director and professor of medicine at Mayo Clinic, Scottsdale, Ariz.

In 2009, Jerome D. Waye, MD, president of WEO, devised the idea for PET after recognizing a major flaw in endoscopy education. "There are no programs aimed at teaching endoscopists how to teach," said Dr. Waye, clinical professor in the Department of Gastroenterology at Mount Sinai Medical Center, New York City. "When I first became president of WEO, I thought that I would like to have a special program to educate endoscopists in the art of teaching endoscopy, and establish guidelines."

D. Nageshwar Reddy, MD, chairman and chief of gastroenterology, Asian Institute of Gastroenterology, in Hyderabad, volunteered to host the first meeting and invited the major trainers of endoscopy in India and from surrounding countries. Approximately 65 experts attended. The faculty included experienced instructors from the United States, India, China, Chile, Egypt and Singapore, and guests were hand-selected based on their interest and willingness to teach endoscopic skills in their respective countries. Representatives from industry, including Olympus, Boston Scientific and Cook Medical, helped fund the program and were in attendance as well.

PET Design

"The PET was designed to provide experienced endoscopists, working in countries that do not have an adequate number of trained endoscopists, with greater knowledge of the techniques and methods for teaching endoscopic skills," said Lawrence Cohen, MD, gastroenterologist and clinical professor of medicine at the Icahn School of Medicine at Mount Sinai in New York City, who taught courses at the meeting.

'The idea was to create a program on how to teach safe and high-quality endoscopy and improve the quality of endoscopic services, which could be brought to many institutions around the world, particularly the developing world.'

—Douglas Faigel, MD

To this end, the program delineated a set of strategies and rules on how to teach endoscopy using educational lectures, videos of mock training sessions and hands-on training with simulators. The lectures outlined criteria that make good teachers and students, and provided tactics for teaching technical and cognitive skills to trainees of all skill levels. For example, when teaching cognitive skills, instructors need to define a core curriculum in endoscopy and be able to tailor training to incorporate local practice and customs; risk management; pre- and postprocedure evaluation; and communication skills, as well as trainee assessment and mentoring. The trainer also should vary the educational format, supplementing textbook and lecture-based learning with videos and interactive approaches that include simulators and other training tools.

In a session entitled "Teacher and Student," presenter Ibrahim Mustafa, MD,

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from Egypt, said that a teacher must regularly monitor how well trainees are acquiring necessary skills by documenting their experience with procedures and determining how well they have met specific performance standards. The teacher should not only evaluate students, but also allow trainees to provide feedback and personalize the curriculum as needed.

In the same session, Dr. Waye explained that when teaching technical skills, instructors should be patient and encouraging as students learn the ropes, while also providing clear directions on what to do and how to do it. After a student has observed several procedures, possibly practiced on a simulator and aided a senior fellow during an actual procedure, the trainee should then handle the scope alone while the instructor watches closely and provides feedback throughout. Importantly, however, trainees should only be evaluated on their competence after completing a requisite number of procedures (Table).

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Table. Threshold Numbers of Endoscopic Procedures Before Competency Can Be Assessed by Direct Observation or Other Objective Measures, as Required in Different Countries or Regions

Procedure	United States[a]	Australia[b]	Canada	Poland	India	Europe[c]
Colonoscopy	140	100 to cecum	150	500	120	150
EGD	130	200	150	500	190	200
ERCP	200	200	200	200	140	150
EUS	150	200				150
Sigmoidoscopy	30		30			50

EGD, esophagogastroduodenoscopy; **ERCP,** endoscopic retrograde cholangiopancreatography; **EUS,** endoscopic ultrasonography

[a] American Society for Gastrointestinal Endoscopy guideline.

[b] Colonoscopy: cecal intubation in >90% of the last 50 logged procedures; ERCP: unassisted, with intact papilla, to include 80 sphincterotomies and 60 stent placements.

[c] European Board of Gastroenterology: Colonoscopy numbers include polypectomy and assume competency in EGD.

An Organized Program for Global Training in Endoscopy

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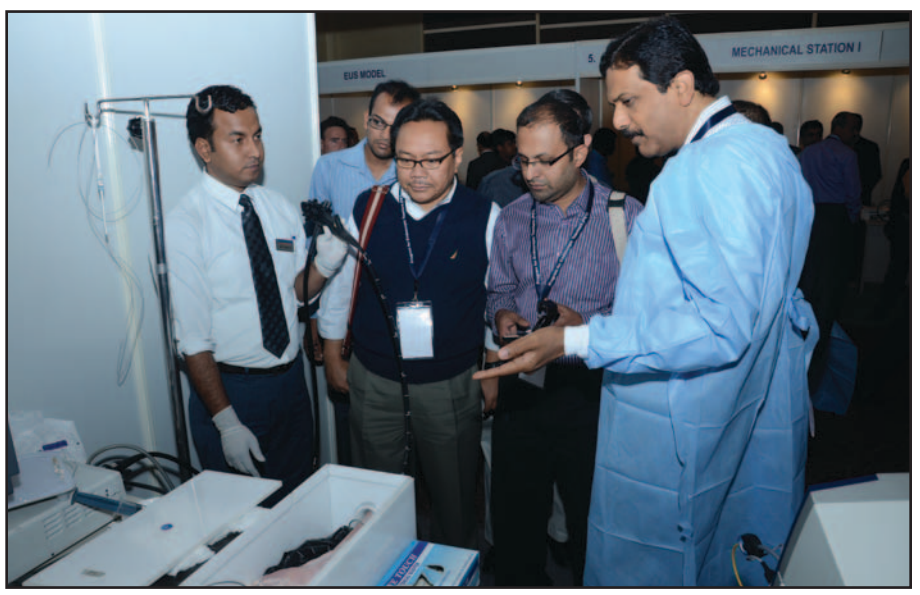
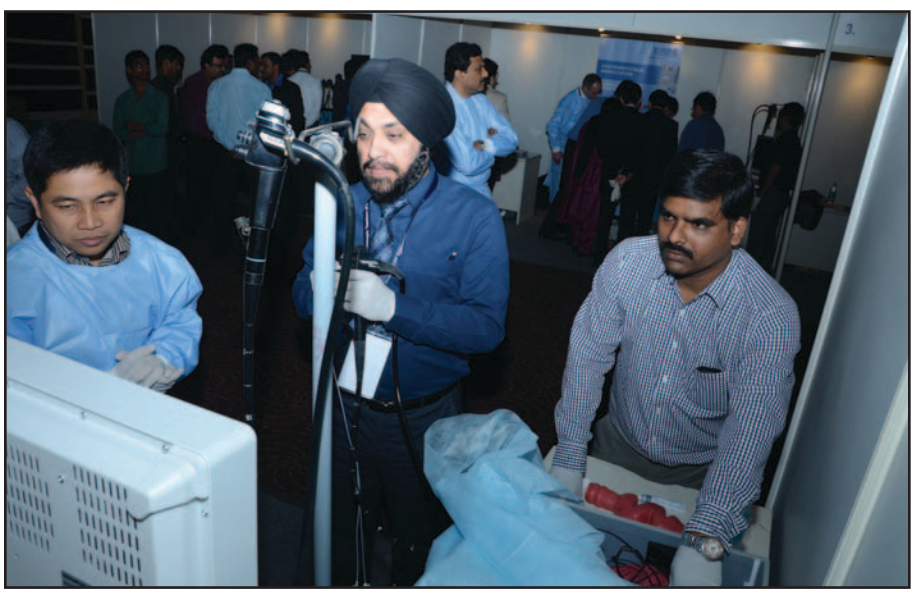
I have just stepped down from four years as president of the World Endoscopy Organization (WEO). This is an organization that oversees gastrointestinal endoscopy throughout the world. The major thrust is, of course, pointed at underserved areas where endoscopy is needed, but is a scarce commodity. During 2013, WEO organized a course called Program for Endoscopic Teachers, referred to as the PET program. When I began my presidency four years ago, I realized that this was a topic that had been completely overlooked by endoscopists throughout the world. There was no organized program for how endoscopy should be taught, who the instructors should be, what the curriculum should be for endoscopic teaching, what teaching material could be found on the Internet and how to best teach novices the techniques of the procedure. Additionally, there was no data to inform more advanced endoscopists how to perform more complex procedures.

The first PET meeting was held in Hyderabad, India, under the direction of Douglas Faigel, MD, of Mayo Clinic, Scottsdale, Ariz., and hosted by Nageshwar Reddy, MD, who famously helped initiate natural orifice transluminal endoscopic surgery by passing an endoscope through the stomach into the abdominal cavity. The first meeting brought together a cadre of known experts in endoscopic teaching and 40 endoscopic teachers from throughout India and Asia. The meeting was a resounding success, and so far this year, three countries have requested that the PET program be brought to their areas because of the important material, which even now is in a state of rapid evolution. This is an exciting area and will undoubtedly affect the way endoscopy is taught.





D. Nageshwar Reddy, MD, chairman and chief of gastroenterology at the Asian Institute of Gastroenterology, in Hyderabad, India, volunteered to host the World Endoscopy Organization's first Program for Endoscopic Teachers (PET) meeting. The aim of the two-day PET program, held in January 2013, was to provide a framework for endoscopy training programs around the globe.

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Reflections on PET

Overall, Drs. Faigel and Waye agreed that the pilot program went well. "We had excellent attendance and interaction among experts and the feedback was very positive," said Dr. Faigel. "We're moving toward milestones and standardized training, and this program was a good first step to see how we could do so in India."

'We have to be cognizant of local training facilities and local training venues for us to continue our success. We also want teachers to be able to adapt to different training situations and to be comfortable with using and teaching a variety of techniques and technologies.'

—Jerome D. Waye, MD

Reflecting on the success of the program, Dr. Cohen noted, "the attendees were enthusiastic and seemed committed to taking their experience back to their respective country and attempting to implement some of the techniques and concepts discussed at the course." For instance, two attendees from Myanmar (formerly Burma) expressed their desire to use the PET educational model to train more endoscopists in their country, Dr. Cohen said. Myanmar currently has four endoscopists serving a population of more than 30 million.

One attendee, C. Ganesh Pai, MD, professor and head of the Department of Gastroenterology and Hepatology, Kasturba Medical College, Manipal, India, agreed that PET was a "successful and informative" program that "brought together expertise from different parts of the world and exposed trainers to what is happening elsewhere."

When asked how PET could be improved, Dr. Pai suggested "fewer lectures and more workshop-like situations, hands-on training and small-group interactive sessions, [that would involve] identifying problems in endoscopy training and solving them."

Dr. Faigel concurred and, in the next meeting, plans to incorporate more breakout sessions and subgroup discussions, as well as to create specific sessions tailored to local issues. As for increasing hands-on training, Dr. Faigel noted that employing such features in local teaching facilities is expensive and may not be feasible everywhere, especially in parts of the world where resources and funds may be more limited. "We want a modular course so we can train with local faculty from all over the world and make implementation achievable for everyone involved."

To this point, Dr. Waye said that, "We have to be cognizant of local training facilities and local training venues for us to continue our success." But, Dr. Waye added, "We also want teachers to be able to adapt to different training situations and to be comfortable with using and teaching a variety of techniques and technologies."

Going forward, the PET organizers plan to conduct at least one program a year and are currently planning other meetings. Three meetings are scheduled for 2014: July 11-12 in Moscow, Aug. 22-23 in Cairo and Dec. 5-6 in Rio. The PET meeting in Rio will be sponsored by Pentax, and the Moscow meeting will be sponsored by Boston Scientific. Planning is under way for a meeting in China in 2015. ■

Approximately 65 experts attended the first Program for Endoscopic Teachers (PET) meeting in Hyderabad, India. Faculty included experienced instructors from the United States, India, China, Chile, Egypt and Singapore, and guests were hand-selected based on their interest and willingness to teach endoscopic skills in their respective countries. Representatives from industry, including Olympus, Boston Scientific and Cook Medical, helped fund the program and were in attendance as well.

what is your opinion?

Gastroenterology & Endoscopy News is now accepting opinion pieces. Send your thoughts to the editor at:

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