Who Should Be Trained in Endoscopy?

Douglas O. Faigel, MD FACG FASGE AGAF
Chairman, Division of Gastroenterology and Hepatology
Mayo Clinic, Scottsdale, AZ
Faigel.douglas@mayo.edu
Objectives:

• To define the type of background for a candidate
• To list characteristics of a potential trainee
• Teaching the difficult-to-train trainee
• Dealing with the problem trainee
A tale of two trainees…

• Betsy
  – Top University
  – Excellent patient care
  – Easy to train: readily follows instruction and quickly masters endoscopy and colonoscopy
  – 6 papers, oral presentation
  – Board of Governors of a prominent GI Society
    • Will probably be President!
A tale of two trainees…

- Edgar
  - Arrives late, leaves early
  - No abstracts or papers
  - Difficult to train: fails to follow instructions, takes a long time to achieve competency in endoscopy and colonoscopy
  - 2 allegations of sexual misconduct by nurses
  - Fired after 6 months from first job
What you want

- Get a Betsy
- Avoid (or deal with) an Edgar
Who is the ideal trainee?

• A mature, enthusiastic person
• Solid training in medicine/surgery beforehand
• Ability to make decisions quickly
• Willingness to learn more than endoscopy
  – Pathophysiology of GI diseases they will encounter
  – Treatment and management of these diseases
• Demonstration of interest in GI diseases by research, presentations, papers
Caveats

• There is no way to pre-assess the skill sets needed
  – Excellent eye-hand coordination not needed
  – All of the necessary maneuvers can be taught
  – The trainee must be eager to learn
• Good people from good institutions do good work
  – Selection is important (if you can do it)!
• Easy to work with
  – Personable
  – No personal issues
• Make you look good!
  – Representative of your department or institution
  – Increase prestige
  – Pass board exams
The Difficult-to-train Trainee

• Common attributes:
  – Difficulty following instructions
  – Showing them what to do (demonstration) does not work
  – Wants a lot of scope time
    • May be easily frustrated

• May otherwise be good!
  – Provide good care
  – Reliable
  – Productive
  – Personable

• What is the problem?
Learning Styles

• Three predominate learning styles:
  – Visual: preference for seen or observed things such as pictures, diagrams, demonstrations, videos etc…
    • “Show me how to do it”
  – Auditory: preference for transfer of information through listening
    • “Tell me how to do it”
  – Kinesthetic: preference for physical experience, touching, holding, doing
    • “Let me give it a try”
• Which are you?
Learning Styles and Endoscopy

• Endoscopy is learned through all three styles:
  – Visual
  – Auditory
  – Kinesthetic
• Need to use all three when teaching
• Mismatch between preferred learning style and instruction can lead to difficulties in training
• Trainees with which learning style are the most difficult to teach endoscopy?
Learning Styles: GI Trainees vs. Faculty

- 30 question multiple-choice*
- 9 GI fellows, 17 Faculty
  - Mayo Arizona
- Visual learning is most preferred
- Auditory is least preferred
- Kinesthetic most preferred in 1/3
- Differences between learners and teachers!

* freepdfmaterials/vak_learning_styles-questionnaire.pdf
Learning Styles: Observations on how we teach and learn

- Verbal Instruction
  - Most common technique
  - Least preferred style
  - Faculty: we’re probably bad at it!

- Visual
  - Most preferred by both learners and instructors
  - May have trouble with verbal instruction

- Kinesthetic (30% of learners!)
  - Hardest to teach
  - May have trouble with verbal and visual instruction
Difficult to Teach Trainee

• Consider learning style mismatch as cause

• Visual and Kinesthetic Learners (non-auditory)
  – Trainee overwhelmed by too much auditory input
    • Simplify verbal instructions
  – Demonstrate but let them do it too
    • Give the scope back
    • Break demos into basic steps
  – Training Materials: videos, on-line demonstrations etc
  – Simulators

• Auditory learner
  – Precise verbal instructions
  – Work on conscious competency of the instructor
Dealing with the Problem Trainee

- Behavioral issues
- Set expectations in the first week
- Program expectations:
  - Hours
  - Rotations
  - Call schedule and expectations
  - Conference schedule, attendance and presentation
  - Vacation and travel policies
  - Advancement criteria (inservice exams, performance assessments)
  - Research or academic projects
  - Professionalism
Dealing with the Problem Trainee

• Only 2 acceptable outcomes:
  – The problem goes away
  – The trainee goes away

• Have policies and procedures in place

• Meet with the fellow
  – Involve risk management (lawyers) early
  – Defining the problem
  – Creating a plan with consequences
  – Sticking to the plan
  – Everything in writing!
Types of problems

- Clinical incompetence (not just an occasional error)
- Medical records
  - Incomplete, violating privacy policies
- Interpersonal: patients, staff (nurses, techs), colleagues, supervisors
  - Sexual misconduct
- Professional
  - Not coming to work/doing your job
  - Availability for call
  - Tardiness
- Legal
  - Substance abuse and drug diversion
  - Drunk driving and criminal violations
Discussion Points

• Characteristics of a potential trainee
  – What do you think are the ideal traits?
• Discuss selection criteria
  – What is your process?
  – How do you do your interviews and what is the purpose?
• Learning styles and teaching endoscopy
  – How do you deal with the difficult to teach trainee?
• Dealing with the problem trainee
  – What is your experience?
  – Do you have policies and procedures?
Obrigado!

Faigel.douglas@mayo.edu