



PET 2017



WEO Program for Endoscopic Teachers
XVI SBAD
Brasilia, Brazil

Who Should Be Trained in Endoscopy?

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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

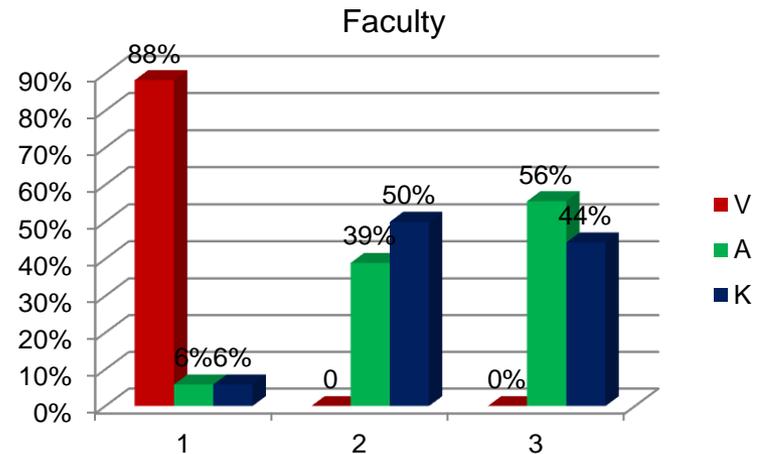
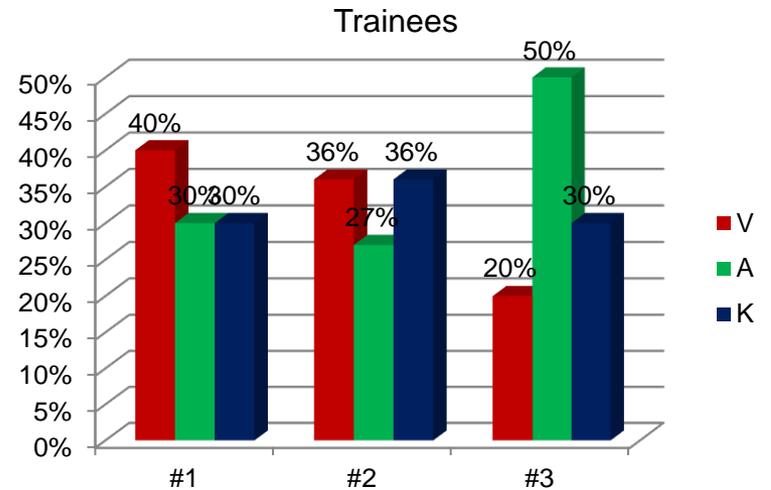
- Three predominate learning styles:
 - Visual: preference for seen or observed things such as pictures, diagrams, demonstrations, videos etc...
 - “Show me how to do it”
 - Auditory: preference for transfer of information through listening
 - “Tell me how to do it”
 - Kinesthetic: preference for physical 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

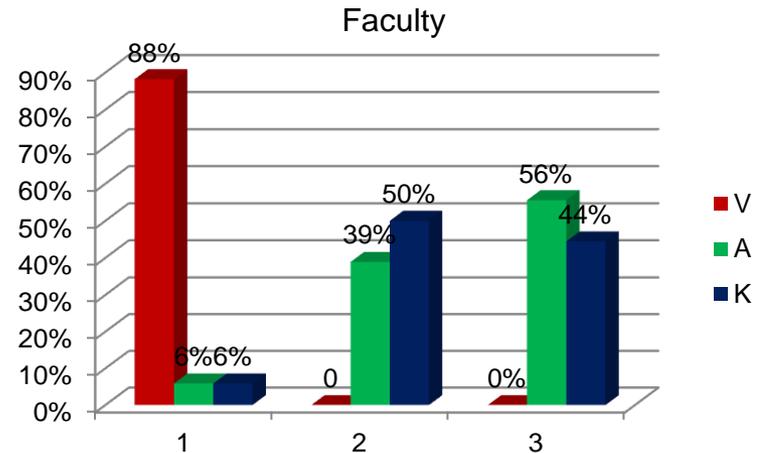
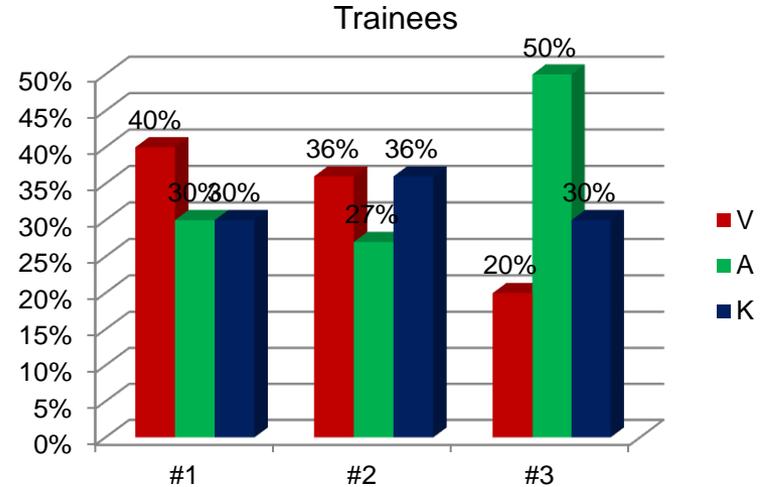
- 30 question multiple-choice*
- 9 GI fellows, 17 Faculty
 - Mayo Arizona
- Visual learning is most preferred
- Auditory is least preferred
- Kinesthetic most preferred in 1/3
- Differences between learners and teachers!



* 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!

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