Polypectomy teaching and training

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Is there a need for polypectomy training?
Is there a need for polypectomy training? **YES!**

*but we need a consensus on training*
Thinking about incomplete resection: Cold biopsy polypectomy

Self-assessment of skill is typically inaccurate...

Numerous studies demonstrate a significant rate of residual adenoma after use of a cold biopsy forceps. (See last talk)

For any technique in polypectomy there is usually room for improvement. The ideal next step for each learner is highly individualized...
Other relevant elements of polypectomy to consider for training:

- Ease of cecal intubation, loop resolution, overall tip control
- Adenoma detection rate
- Optical diagnosis of polyps
- Specific techniques of polypectomy (CSP, HSP, EMR, ESD)
- Polyp recurrence post polypectomy
- Learning new techniques in residency or once in practice (cold snare, EMR, ESD)
- Referral of resectable polyps for surgery
- Appropriateness of surveillance intervals post polypectomy

There are numerous areas in which teaching / training can have an impact on improved outcomes.
Polypectomy teaching and training can take many forms depending on what needs to be taught

- Curriculum of reading materials (articles, atlases, guidelines, textbooks)
- Lectures, videos, small group discussion
- Online modules (e-learning), virtual reality
- Hands on training with models or simulators
- Live endoscopy courses / in person (or hybrid) observation
- Hands on training with actual patients

*Standardized formal training with ongoing one on one assessment and feedback by consciously competent trainers gives the best results*
There is a need for formal training of endoscopy trainers
It is important to develop a consensus among trainers about how best to teach endoscopy
Novice and intermediate learners will benefit from having a consistent message and teaching approach as they develop their skills
Things to consider when teaching an individual learner

Who is the learner and what are their learning needs?
- knowledge base
- previous experience
- prior assessments / skill level
- learning objectives

What do they want to learn? // What do you think they need to learn?

How much time do you have?

Plan your teaching session in advance (preparation is key)
Some polypectomy related tasks

<table>
<thead>
<tr>
<th>Plan ahead</th>
<th>Intra-procedural</th>
<th>Post</th>
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</thead>
<tbody>
<tr>
<td>Split prep</td>
<td>Inspection</td>
<td>Straighten scope (loops) to maximize tip control</td>
</tr>
<tr>
<td>Plan sufficient time</td>
<td>Morphology</td>
<td>Lay the snare</td>
</tr>
<tr>
<td>Know your accessories and equipment</td>
<td>Select optimal technique</td>
<td>Perform closure</td>
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<tr>
<td></td>
<td>Pit pattern</td>
<td>Assess the plane</td>
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Assessment and feedback are crucial elements of training

- **Adapting training to each learner**
- Alignment of agendas is important to ensure trainer and trainee expectations are matched
- Specific training goals should be set after a discussion between trainer and trainee, before trainees perform procedures.
- Feedback should be directly and explicitly linked to the pre-stated learning objective
- Feedback should be designed to improve performance
  - It should focus on specific step by step strategies with an action plan
- Training should adapt to the learner as their skills evolve
Polypectomy skills assessment

Direct Observation of Polypectomy Skills (DOPyS)

<table>
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<tr>
<th>Case ID:</th>
<th>Date:</th>
<th>Assessor:</th>
</tr>
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- Highly skilled performance
- Competent & safe throughout procedure, no uncorrected errors
- Some standards not yet met, aspects to be improved, some errors uncorrected
- Accepted standards not yet met, frequent errors uncorrected
- Not applicable/Not assessable

Parameters can only be assessed during ‘live’ polypectomy
Optimising view of/access to the polyp:

1. Attempts to achieve optimal polyp position

2. Optimises view by aspiration/insufflation/wash

3. Determines full extent of lesion (+/− use of adjunctive techniques e.g. bubble breaker, NBI, dye spray etc) if appropriate

4. Uses appropriate polypectomy technique (eg, taking into account site in colon)

5. Adjusts/stabilizes scope position

6. Checks all polypectomy equipment (forceps, snare, clips, loops) available

7. Checks (or asks assistant to) snare closure prior to introduction into the scope

8. Clear instructions to, and utilisation of endoscopy staff

9. Checks diathermy settings are appropriate
Diminutive Polyp Cold Snare Video based assessment
Courses are held on weekends in simulation centers
Try different accessories

Practice lifting and polypectomy using hot snare
Direct observation
Feedback on performance
Polypectomy is an important tool in our fight against colon cancer.

Teaching and training are essential tools that can allow us to provide the best possible care for our patients.

Formal training in polypectomy is essential if we want to achieve the best results possible. Training is not uniform and formal training of endoscopy trainers will help with this. There is sufficient knowledge of best practices in training to allow effective training of all elements of polypectomy in a variety of formats and settings.
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