

ENDOSCOPY SKILLS IN GASTROENTEROLOGY: WHAT SHOULD BE THE BEST ROAD MAP?

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Training in gastroenterology is complex. The optics and dimensions are different from other specialties and so are the patients. Induction into training is an uphill task requiring extensive preparation by aspirants for written exams before qualifying for the interviews and getting enrolled into residency training. They are exposed to long duty hours and weekly journal clubs.¹ The choice of institute is also not voluntary and requires luck and strenuous hard work simultaneously. The capacity to learn and improvise depends a lot on the will of the person and workplace environment. Once the patient enters into the training one of the rotation which everyone goes through is endoscopy suite.

Learning the skills of endoscopy isn't like a cup of tea or a business trip in which the person has recreation. It's a stepwise approach based on the sincere mentorship of mentor and keen observation of the mentee for months.² The process starts with first observing the disinfection of endoscopes in which there are various formalities of rinsing, washing, immersion for appropriate time before eventually using the scope for procedure. Holding a scope properly is inevitably essential as proper vision of the lumen of esophagus and stomachs keeping an appropriate view are governed by careful maneuvering of the wheels.³

The major obstacle to learning endoscopy skills is passion to learn things quickly without following the protocols. Its desire and objective of each trainee to perform the endoscopic variceal bands ligation, corrosive stricture dilatation, PEG tube insertion, histoacryl injections, polypectomies, and so many other procedures in due course of time.⁴ But these things can't be learnt overnight. Reliance on online videos is helpful but not a proper way of learning.

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People learn by doing and that requires time, dedication, respect for seniors and most importantly patience.⁵ Ergonomics in endoscopy is not a novel term in gastroenterology training. There is an increased incidence of wrist, neck, shoulder and back injuries in endoscopists.⁵ This is due to excessive workload and the urge to do a lot of procedures at a single point in time. This leads to suffering in the long run as the injuries hamper their progress for learning just like a sportsman is out of the game for months. There has to be a proper division of work amongst trainees even if they are experienced enough to complete the list. A logical way will be to handover the diagnostic endoscopies to the junior trainees while the seniors are observing them or letting them perform independently once they are competent enough to earn your confidence. In other ways, entrustable professional activity due process has been completed.

While there are no absolute rules of learning, earning trust and respect of seniors are beyond shadow of the doubt are essential trademarks. Learning centre for training holds the key and so does the supervisor. Learning endoscopy skills may have time frame but this may vary for different people. It is an obligation of the trainer to pay such people extra importance as at the need of the day, the better the trainee performs, it reflects the training of his or her teacher.

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