

Statement on Role of Short Courses in Endoscopic Training: GUIDELINES for Clinical Application

The Committee on Training of the American Society for Gastrointestinal Endoscopy prepared the text of this statement. It was reviewed and concurred in by the Patient Care Committee of the American Gastroenterological Association and by other physicians and surgeons with expertise in gastroenterology. Additionally, it has been approved by the Governing Boards of the American Society for Gastrointestinal Endoscopy, the American Gastroenterological Association and the American College of Gastroenterology.

This statement concerns the role that short courses play in the training of physicians and other professionals who perform gastrointestinal endoscopic procedures. The statement also deals with certain problems that hospital committees may face in setting guidelines for the granting of privileges to perform gastrointestinal endoscopy by their staff physicians. For purposes of this statement, a short course is defined as an organized teaching program lasting less than several weeks, and often only a few days.

Issues of what constitutes appropriate endoscopic training, practice and utilization have been addressed by this Society in great detail. The American Society for Gastrointestinal Endoscopy, through its Standards of Practice Committee, Committee on Training, and Governing Board, has developed Standards of Practice of Gastrointestinal Endoscopy⁽¹⁾ and a Statement on Endoscopic Training.⁽²⁾ These documents have been approved by the Governing Boards of other Digestive Disease organizations and represent a consensus of a broad-based group of gastroenterologists, surgeons and other specialists. The requirements for training in gastrointestinal endoscopy are described in these publications, and entail either residency-fellowship training or equivalent endoscopic training. If experience is acquired outside a formal training program, it must be equivalent to that obtained within such a program. Competence must be documented and skills demonstrated. These principles, which have been accepted by organizations representing both medical and surgical specialties, have been very useful to hospital committees who are responsible for defining criteria for and granting of endoscopic privileges.⁽³⁾

The rapid development of endoscopic instruments and their widespread distribution to physicians who have not received formal supervised endoscopic training has been associated with a proliferation of short courses on gastrointestinal endoscopy. Such courses usually lack supervised "hands on" training experience with patients; rather, they are limited to didactic instruction and the use of artificial models. Attendees of such courses are sometimes granted certificates of attendance and these, with or without supporting letters, are used inappropriately by those applying for endoscopic privileges as sufficient evidence of competence to perform endoscopy. Those physicians whose training in gastrointestinal endoscopy has been acquired largely or entirely through courses of this type pose a particularly difficult problem for hospital staff committees concerned with the granting of privileges to perform endoscopy.

Although endoscopic short courses have been utilized as a primary learning modality, it is the consensus of the American Society for Gastrointestinal Endoscopy that these courses, by themselves, do not provide adequate training in standard endoscopic procedures such as esophagogastro-duodenoscopy, colonoscopy, endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasound (EUS), endoscopic laser therapy, endoscopic photodynamic therapy, or laparoscopy. Such courses do not allow the attendee to gain experience, interpretive as well as technical, equivalent to that in a residency-fellowship program and do not, therefore, fulfill accepted requirements for training. There is no rationale

for partially trained physicians. The granting of hospital privileges to physicians whose training does not meet established requirements is no longer tenable⁽³⁾ and may lead to poor patient care. It may also raise potential liability issues for medical staffs and hospital boards.

Short courses do have an appropriate place in endoscopic training. When properly designed, they can serve to augment the trained endoscopist's technical and clinical skills in studies with which he or she is already experienced. They may also, in the proper setting, introduce new techniques to the physician who already has a background of basic endoscopic skills and experience. Finally, the introduction of flexible sigmoidoscopy to the non-endoscopist may be facilitated by a short course format, but cannot assure competence in that procedure.⁽⁴⁾

The purpose of previously published guidelines^{(1),(2)} and of this statement is to assure that the patient is receiving appropriate, safe and competent care. In order to provide such assurance, the training and experience of the physician-endoscopist must be documented and his or her skills demonstrated. Privileges should not be granted solely on the basis of training in short courses.

References



1. Standards of Practice of Gastrointestinal Endoscopy. *Gastrointest Endosc.* 1988;34(Suppl):85

2. Principles of Training in Gastrointestinal Endoscopy. *Gastrointest Endosc.* 1999;49:845-853 [Full Text](#) | [PDF \(84 KB\)](#) | [MEDLINE](#) | [CrossRef](#)

3. Renewal of Endoscopic Privileges. *Gastrointest Endosc.* 1999;49:823-825 [Full Text](#) | [PDF \(54 KB\)](#) | [MEDLINE](#) | [CrossRef](#)

4. Guidelines for Training Non-specialists in Screening Flexible Sigmoidoscopy. American Society for Gastrointestinal Endoscopy, In Press.

Article footnote

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