

The Medical Post

This article is courtesy of www.medicalpost.com

CDDW: Rural general surgeons' endoscopy burden points to training disconnect

March 13, 2007 | David Hodges

From the Canadian Association of Gastroenterology's annual Canadian Digestive Disease Week meeting held in Banff in February 2007

Study suggests more gastroenterology experience needed in residency

BANFF, ALTA. | A dramatic increase in the number of endoscopies performed by general surgeons in Alberta, particularly in small communities, has investigators questioning whether these practitioners are receiving adequate training to perform and evaluate these procedures.

Findings from their research showed that surgery residents are not performing the recommended number of gastroscopies and colonoscopies during their training. As a result, they suggest that guidelines for evaluating endoscopic competence need to be either re-evaluated or re-enforced.

At the CDDW meeting here, University of Calgary researchers reviewed Alberta physician billing information from 1994 to 2002 and found that in smaller communities of less than 100,000 people, surgeons—and not gastroenterologists—were responsible for the vast majority of endoscopic procedures.

In these less-populated areas, the number of gastroscopies and colonoscopies performed by surgeons increased two-fold (from 4,065 to 7,288) and four-fold (from 1,909 to 7,629), respectively, over this eight-year period.

Conversely, gastroenterologists had minimal variation in the number of gastroscopic and colonoscopic procedures (approximately 3,000 each) they performed in small communities over the same time interval.

Armed with these findings, the researchers then sought to determine whether general surgery residency programs were actually ensuring that new trainees met endoscopy competency guidelines provided by the American Society for Gastrointestinal Endoscopy, which recommend that trainees perform a minimum of 140 colonoscopies and 130 gastroscopies.

They evaluated 10 gastroenterology fellows and 12 surgery residents completing their training between 2004 and 2006 at one of two teaching centres in Alberta, and found that on average gastroenterology fellows completed 364 gastroscopies and 248 colonoscopies, while surgery residents completed only 29 gastroscopies and 91 colonoscopies.

According to Dr. Samuel Asfaha, a gastroenterology resident at the University of Calgary who co-authored the study, these findings suggest there is a disconnect between the endoscopic training expectations and actual endoscopy practice of surgeons.

"In their practice, general surgeons are having to do these procedures when they work in the community but perhaps not in major centres because there are gastroenterologists around," Dr. Asfaha said in an interview at the meeting. "Therefore, should our training not reflect what we are assessing to be competency? Or should we change our guidelines to (reflect) what is competence?"

These questions are of utmost importance, he said, since increasing demands for endoscopy in Canada, particularly in rural areas, already have surgeons shouldering part of this burden. "When you're in a smaller community, somebody's going to need to do these procedures. And if it's going to be the surgeon then we should be sure we're training them properly."

Certainly, in large centres with more than 100,000 people, gastroenterologists are performing the vast majority of endoscopic procedures.

Dr. Asfaha's study showed that the number of colonoscopies performed by these specialists more than doubled between 1994 and 2002 (from approximately 8,000 to 17,500), while gastroscopic procedures increased from approximately 16,000 to 19,000 during this time period.

Surgeons, on the other hand, had both minimal involvement and variation in the number of gastroscopies and colonoscopies they performed in large centres over this eight-year interval.

Given that surgeons practising in small communities are now performing the bulk of endoscopic procedures, Dr. Asfaha suggested that these practitioners—and not those who only want to work in large cities—should receive additional gastroenterology training as residents.

At the University of Calgary, gastroenterology fellows now undergo a one-month block exclusively devoted to endoscopy as part of their program so they can quickly learn the procedures. The effect of this training component, introduced in 2004, saw the average number of endoscopies performed increase by 150 within one year.

"Maybe surgeons in a large centre don't need to do this but those who are going to work in the community need to do this."

Copyright: "Copyright 2006. MedicalPost.com All Rights Reserved"

Close