Q34 Should training in ER be accomplished in stages? If so, specify.

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	Yes, and I believe the cognitive aspect cannot be under-emphasized. Learners should: -watch experts and carefully read relevant literature before and throughout training -ideally get first exposure ex-vivo -gain competence in the important aspects of resection (appraisal/classification of lesions, preparation for resection, injection technique, snare placement and closure, identification and management of complications, etc.) -trainees should not be expected nor have an expectation to complete all cases (especially early on). -establishing ground rules is critical	1/13/2018 7:19 AM
2	no	12/7/2017 5:54 PM
3	- Ex vivo - Observation - Smalll lesions (< 1 cm) in patients - 10 - 20 mm lesions The above can be achieved through structured proforma based supervision - Beyond this - training should be apprenticeship based as there are several variations and decision making skills that are best achieved only through a dedicated fellowship/ apprentriceship - This is true of both complex EMR as well as ESD	12/3/2017 10:10 PM
4	Preferably not, to minimize SMF Sometimes required if difficult access, IPB, etc	11/29/2017 12:37 AM
5	yes, first single piece and then pEMR small to large	11/18/2017 9:45 PM
6	Yes. 1. Competency in colonoscopy and basic polypectomy mandatory 2. Initial attempt at low risk lesions (i.e. rectal) with lesion size < 30 mm 3. Larger lesions and in the right colon	11/13/2017 2:11 PM
7	Yes The first step should be for the trainee to demonstrate competency in standard colonoscopy including standard polypectomy (resection of polyps up to 1 cm and cold snare polypectomy), injection and hemostasis Trainees should be exposed to the cognitive aspects of colonic neoplasia and watch videos of resection techniques Trainees should be exposed to multidisciplinary clinics Ex-vivo training Training in live cases	11/5/2017 4:37 PM
8	Training could include: 1. Achieving competency in lesion assessment 2. ER lesions <3cm 3. Complex ER (lesions >3cm, difficult access, location etc) 4. Tackling complications during/post procedurally 5. Identifying and treating recurrence/residual Case mix could vary. A formal 6-12 month period in a unit performing this regularly with expert ER practitioners may be useful	11/5/2017 4:01 AM
9	yes	11/3/2017 3:16 PM
10	yes training only after competent in insertion, examination and basic polypectomy. EMR could be broken down into competencies 1, Verbalised lesion description and strategy 2, submucosal lifting 3. snare resection - I sometimes let the trainee do the first few pieces or the last few 4. defect assessment , treatment of complications	11/3/2017 2:08 PM
11	Very diifuclt, maybe in per lesion stages, depending on size, location and other complexity	11/1/2017 12:08 PM
12	It is a continuum. However, stages helpful for triage of lesions and concentration of experience at different levels. Size and morphology initially. Complexity to include appendiceal/ICV/diverticular lesions. Lesions with previous attempted resection or recurrence.	10/31/2017 11:19 PM