GIE WHITE PAPER

# Updated guidelines for live endoscopy demonstrations

Courses that demonstrate endoscopic techniques in real time, termed live demonstrations, are valued because they provide invaluable lessons from real-life situations along with the opportunity to demonstrate standards of care. Attendees learn the thought process involved in making decisions while a procedure is being performed. At the same time, live demonstrations must be conducted with the patient as Þrst priority. Endoscopic ÒexpertsÓ are put in a Òpressure cookerÓÐlike environment where the emphasis shifts from patient care to demonstration and performance. Further, live demonstrations often involve visiting endoscopists who have not previously had the opportunity to review the patientÕs medical history and records and require these visiting ÒexpertsÓ to perform for an audience outside their own familiar environment. Together, these can be a nidus for cloudy judgment, even for the most experienced endoscopists.

An eloquent editorial by Dr. Peter Cotton[1] in Gastrointestinal Endoscopyin 2000 raised this dichotomy of live demonstrations, and a subsequent White Paper by Carr-Locke et al[2] proposed American Society for Gastrointestinal Endoscopy (ASGE) guidelines for live endoscopic demonstration courses.

Anecdotes of untoward events at live demonstration endoscopy courses continue to raise questions regarding patient safety and the ethics of continuing these courses. It is the responsibility of the ASGE to ensure that we as physicians, endoscopists, and educators provide ethical, effective, and quality educational programs. The ASGE Continuing Medical Education (CME) Programs Committee reviewed the Cotton editorial[1] and the White Paper[2] on live demonstration courses and discussed the ethics and value of continuing live demonstrations at courses sponsored or endorsed by the ASGE.

The majority opinion of the CME Programs Committee is that live demonstration endoscopy courses have educational value for those who choose to attend these demonstrations. Live demonstration courses provide a unique insight into technologies and techniques that may beneÞt those in the community as well as in academic practice. Moreover, the nuance and subtlety of endoscopic practices and the dynamic considerations of the effective use of endoscopy may be best taught within the conÞnes of a2. All cludes the course directors along with the individual who will be performing the procedure before commencement of the course.
3. The course directors are responsible for the actions of all those who participate. The outcomes should be reviewed in a post-course assessment.

(ie, switching to a different case or presenting instructional videos).

c. The consensus will be determined by the performing physician, the course director, and patient ombudsman.

2. There can be no industry representatives in any clinical areas or on any transmission during a live demonstration course.
3. Company names and logos should be hidden from cameras as much as possible, within reason.

## QUALITY CONTROL/OVERSIGHT

1. Patient satisfaction data should be collected on the day of the procedure before discharge from the endoscopy unit.
2. DeidentiÞed patient outcome data should be collected on the day of the procedure and during follow-up.
3. All patient, procedure, and follow-up outcome data for live demonstration cases should be stored in a secure place with the course director and be available for review.

Abbreviations: ASGE, American Society for Gastrointestinal Endoscopy; CME, Continuing Medical Education.

## REFERENCES

1. Cotton PB. Live endoscopy demonstrations are great, but. Gastrointest Endosc 2000;51:627-9.
2. Carr-Locke DL, Gostout CJ, Van Dam J. A guideline for live endoscopy courses: an ASGE White Paper. Gastrointest Endosc 2001;53:685-8.

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