

Mayo Clinic studies how much practice makes perfect when performing colonoscopies

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A colonoscopy is an invaluable procedure for detecting problems in the colon and rectum. Doctors can often diagnose gastrointestinal issues and even catch the warning signs of colorectal cancer. Perfecting the skills required for this delicate procedure takes practice. But just how much practice makes perfect?

That was the question Robert E. Sedlack, M.D., and his Mayo Clinic research team set out to answer in their recently completed study of colorectal procedures. Their findings suggest much more practice is needed than gastroenterological professional societies currently recommend.

"Current recommendations are that 140 procedures should be done before attempting to assess competency, but with no set recommendations on how to assess it," says Dr. Sedlack. "Our findings suggest that it takes an average of 275 procedures for a gastroenterology fellow to reach minimal cognitive and motor competency."

The study assessed the performance of 41 Mayo Clinic Gastroenterology Fellows who performed more than 6,600 colonoscopies in Rochester, Minn., from July 2007 through June 2010. The research team used a validated testing method called the Mayo [Colonoscopy Skills Assessment Tool](#) (MCSAT).

"The MCSAT is the first such tool for providing detailed assessment of the core cognitive and motor skills of trainees in this procedure," Dr. Sedlack says. "As a result of our use of this test, we have been able to define learning curves and minimal competency benchmarks to identify when trainees are ready to operate independently."

The MCSAT assesses areas such as intubation rates and timing, how safely and painlessly practitioners perform the procedure and how clearly they recognize potential patient issues.

The study's findings may have particular significance for specialties other than gastroenterology. While gastroenterology fellows may perform well more than 400 colonoscopies during their training, specialists in other areas, such as surgery or [family practice](#), may perform significantly fewer procedures during their training.

As a result of this study, and others, the American Society for Gastrointestinal Endoscopy is rewriting its colonoscopy training guidelines to reflect the need for more procedures and emphasize the use of objective, measurable tests in assessing the competency of trainees. Ultimately, these changes are good for patients. "In order to ensure patient safety and provide the highest quality of care, all physicians seeking to be privileged in colonoscopy - regardless of their specialty - should be held to a common standard of competency metrics," Dr. Sedlack says.

Dr. Sedlack will be sharing the findings of this study at the 2011 Digestive Disease Week conference, to be held May 7-10 at McCormick Place in Chicago.

Provided by Mayo Clinic

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