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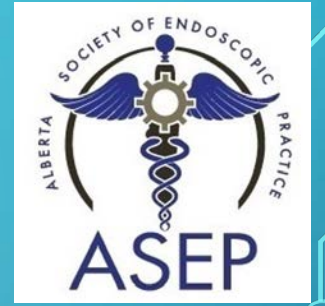
WHAT I KNOW NOW, BUT DID NOT KNOW THEN...

DONALD MACINTOSH MD MSC FRCPC CAGF

Professor of Medicine, Dalhousie University

ENDO SKILLS 2024

DISCLOSURE OF COMMERCIAL SUPPORT

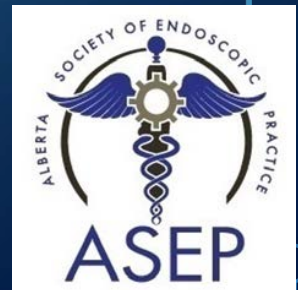


- Endo Skills is presented by the Alberta Society for Endoscopic Practice (ASEP)
- ASEP: not for profit organization, whose goal is to provide education, resources and collaboration for endoscopists and their teams
- Endo Skills planning is independent from the exhibitors
- ASEP covers expenses of speakers and provides gift+/- small honorarium to speakers and planning committee

ENDO SKILLS 2024

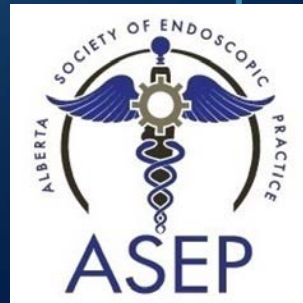
MANAGING SOURCES OF POTENTIAL CONFLICT

- Endo Skills Planning Committee: oversees the program's content development to ensure accuracy and balance.
- Information and recommendations are evidence and/or guidelines-based, and opinions of the independent speakers will be identified as such.
- Program developed in accordance to ethical standards meeting Cert+ guidelines.



ENDO SKILLS 2024: PRESENTER DISCLOSURE

- **Presenter:** Don MacIntosh
- **Relationships that may introduce potential conflict of interest:**
 - **Grants/Research Support: None**
 - **Speakers Bureau/Honoraria: None**
 - **Consulting Fees: None**
 - **Other:**



The image features a blue gradient background with white circuit-like lines in the corners. These lines consist of straight lines and small circles, resembling a stylized PCB or network diagram. The lines are positioned in the top-left, top-right, bottom-left, and bottom-right corners, framing the central text.

IF I KNEW THEN, WHAT I KNOW NOW

I'D A QUIT WHILE I WAS AHEAD



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WHAT I KNOW NOW, BUT DID NOT KNOW THEN...

DONALD MACINTOSH MD MSC FRCPC CAGF

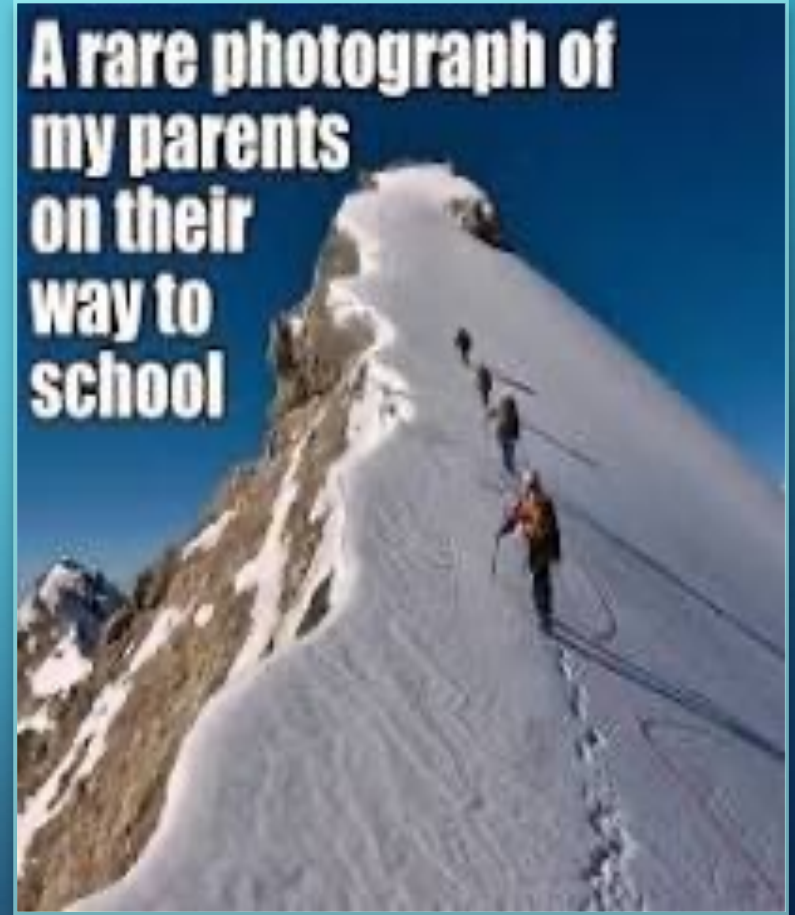
Professor of Medicine, Dalhousie University

BACK IN MY DAY!



OF COURSE, IT COULD BE WORSE

**A rare photograph of
my parents
on their
way to
school**




OK, TIME FOR THE OLD FART LECTURE.

- Wrinkles
- Grey hair (white)
- Been around forever

CHANGE IS INEVITABLE

- Get out in front or be left behind
- Or even worse, you'll be told what to do.



“ THE WORLD IS IN PERPETUAL MOTION, AND WE MUST INVENT THE THINGS OF TOMORROW. ONE MUST GO BEFORE OTHERS, BE DETERMINED AND EXACTING, AND LET YOUR INTELLIGENCE DIRECT YOUR LIFE. ”



Madame Barb-Nicole Ponsardin Cliquot

MADAME BARB-NICOLE PONSARDIN CLIQUOT

- Lived in Napoleonic France
- Widowed at 26
- Took over a failing wine brokerage
- Did this in the days when women just did not do this!

THE WIDOW CLIQUOT

Invented the process of riddling important in the production of traditional style sparkling wines.

Became a leader in the Champagne region



YOLO

- Don't let the job subsume you and become your identity.
- Develop hobbies and interests and don't wait until you retire

I'M TOO BUSY



LINE UPS

They will never disappear

Appropriateness ?



The background is a teal-to-blue gradient. In the corners, there are white line-art graphics resembling circuit traces or neural network connections, with small circles at the end of the lines.

CHANGE ON A PERSONAL LEVEL

AHA MOMENT

Hamilton TCT Course 2009

Drank the Kool-Aid

The image shows two pages of handwritten notes on a flipchart. The left page is organized into sections: 'SET' (with sub-points 'Mutual' and 'Verbal'), 'DIALOGUE' (with 'Reflection'), and 'CLOSURE' (with 'Reflection'). The right page is titled 'Language in Endoscopy' and lists 12 steps: 1. Tip up, 2. Tip Down, 3. Clockwise torque, 4. Counter-clockwise torque, 5. Tip left, 6. Tip Right, 7. Suck (aspirate), 8. Blow (insufflate), 9. Insert (advance), 10. Withdraw (pull back), 11. Slow (ly), 12. STOP. It also includes a diagram of a circular dial with numbers 1-12, a '4Cs' box (Clear, consistent, concise, Content), and a 'Refer to screen' note.

SET

- Mutual
- Verbal

DIALOGUE

- Reflection

CLOSURE

- Reflection

Preparation
Assessment
Align agendas
Learning objectives
Ground rules

Educational contract

Language
Control
Cognitive overloading
Performance enhancing instruction

Summary
Performance enhancing feedback
Take home message
→ Learning objectives

Language in Endoscopy

Refer to screen

1. Tip up
2. Tip Down
3. Clockwise torque
4. Counter-clockwise torque
5. Tip left
6. Tip Right
7. Suck (aspirate)
8. Blow (insufflate)
9. Insert (advance)
10. Withdraw (pull back)
11. Slow (ly)
12. STOP

Tip up

Tip Down

4Cs

1. Clear
2. consistent
3. concise
4. Content

WHY BOTHER?

Classic case of unconscious competence

So much I hadn't been taught

Didn't know what I didn't know



2009

Nova Scotia designing screening program

First FIT-based program in Canada

Modeled on UK screening program

Quality chair role



WORLD TOUR TO VISIT ENGLAND/SCOTLAND/AUSTRALIA SCREENING PROGRAMS

Observed colonoscopy courses in UK.

Worked with John Anderson and Roland Valori

Set up SEE training centre in Halifax



2013 BURN OUT?

I MUST BE NUTS

Division chief

Endoscopy chief

REB Co-chair

ERCP service

NSCCPP

Trying to start SEE



WENT FOR A WALK



TIME FOR REFLECTION



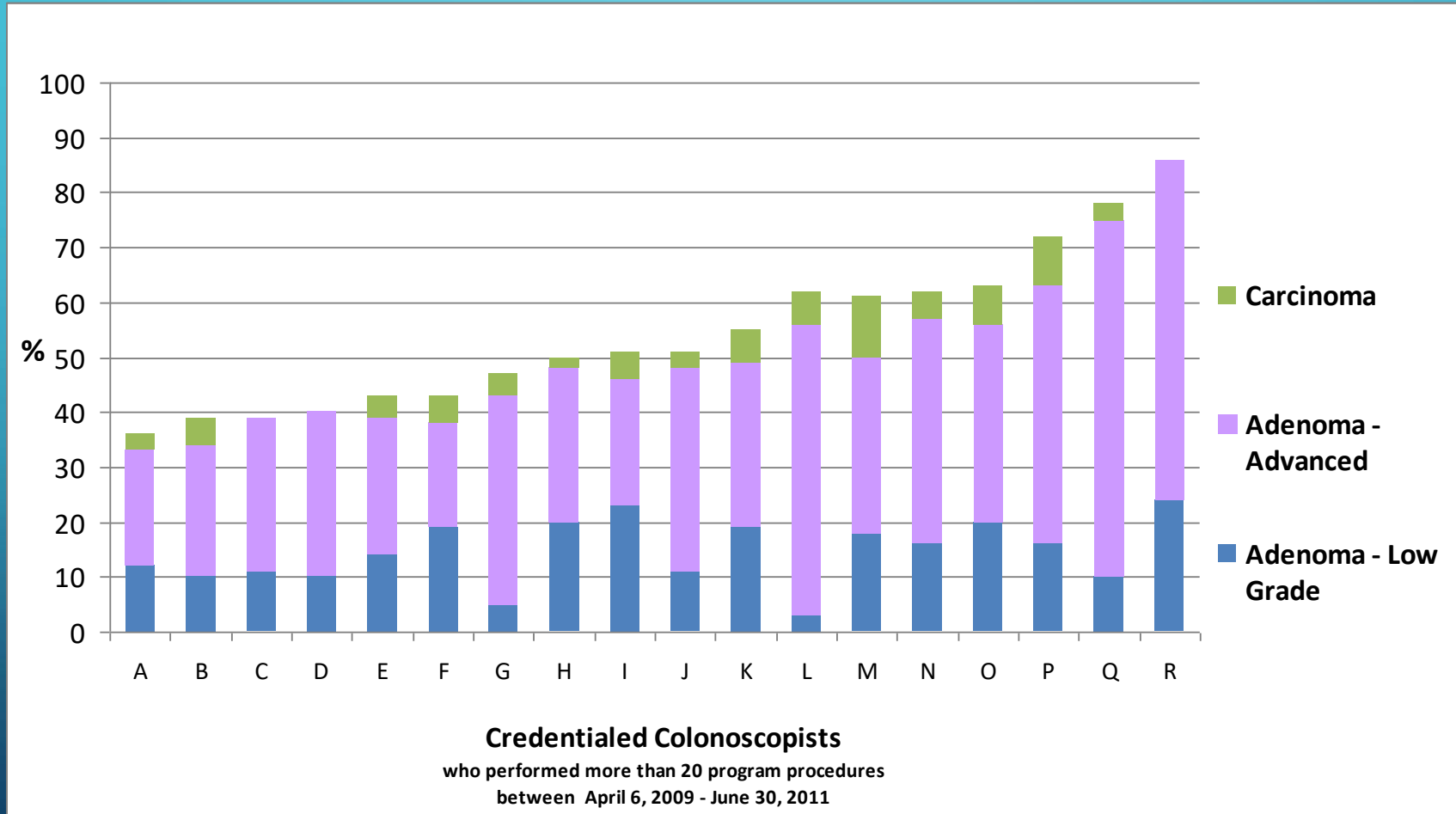
NEW PRIORITIES

- Set up SEE program
 - Teaching materials
 - Training national faculty
 - Organizing set up of training centres
- Teaching courses with amazing group of people
- I continued to learn every day

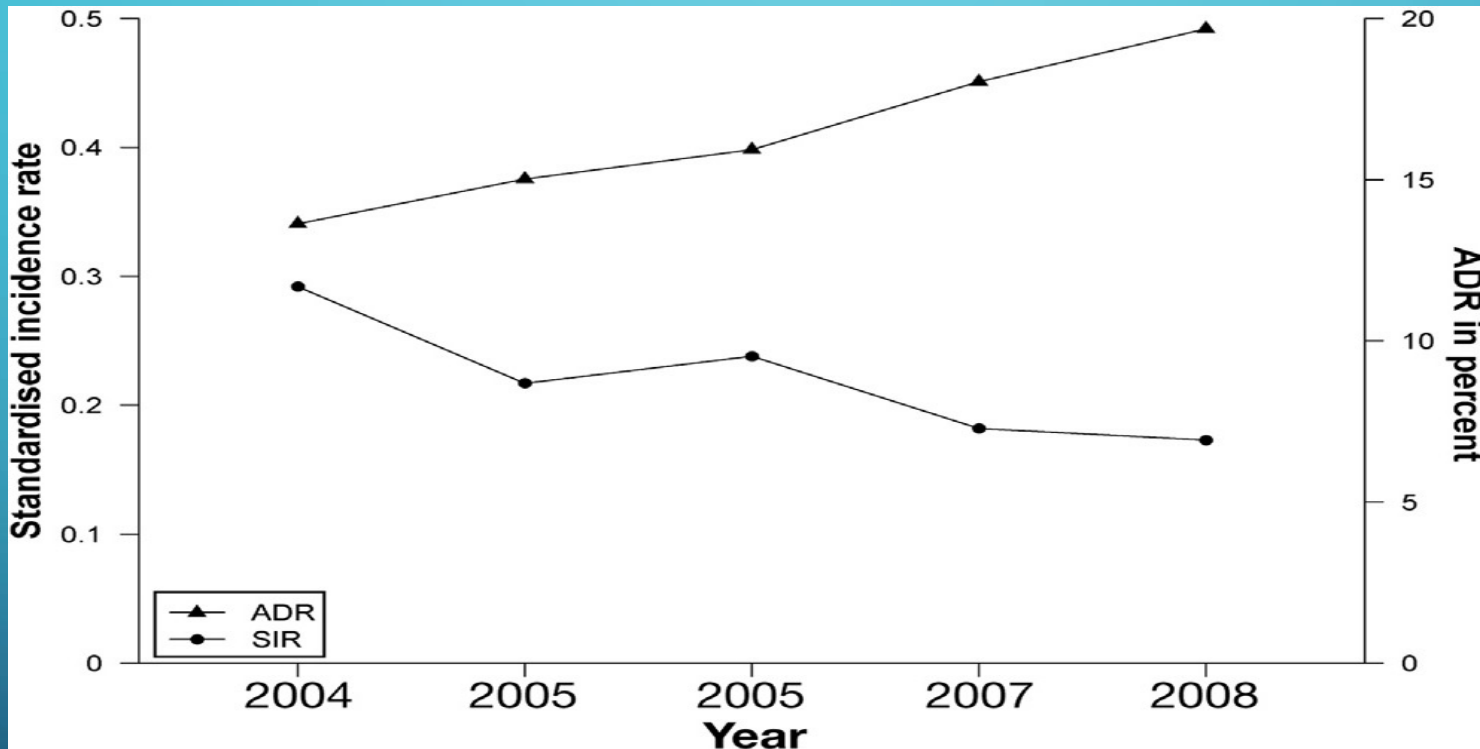
WHY BOTHER

- You're nuts
- I'm too busy
- Have you seen my waitlist

OUR PERFORMANCE IS NOT THE SAME!



INTERVAL CANCER-ADR RELATIONSHIP

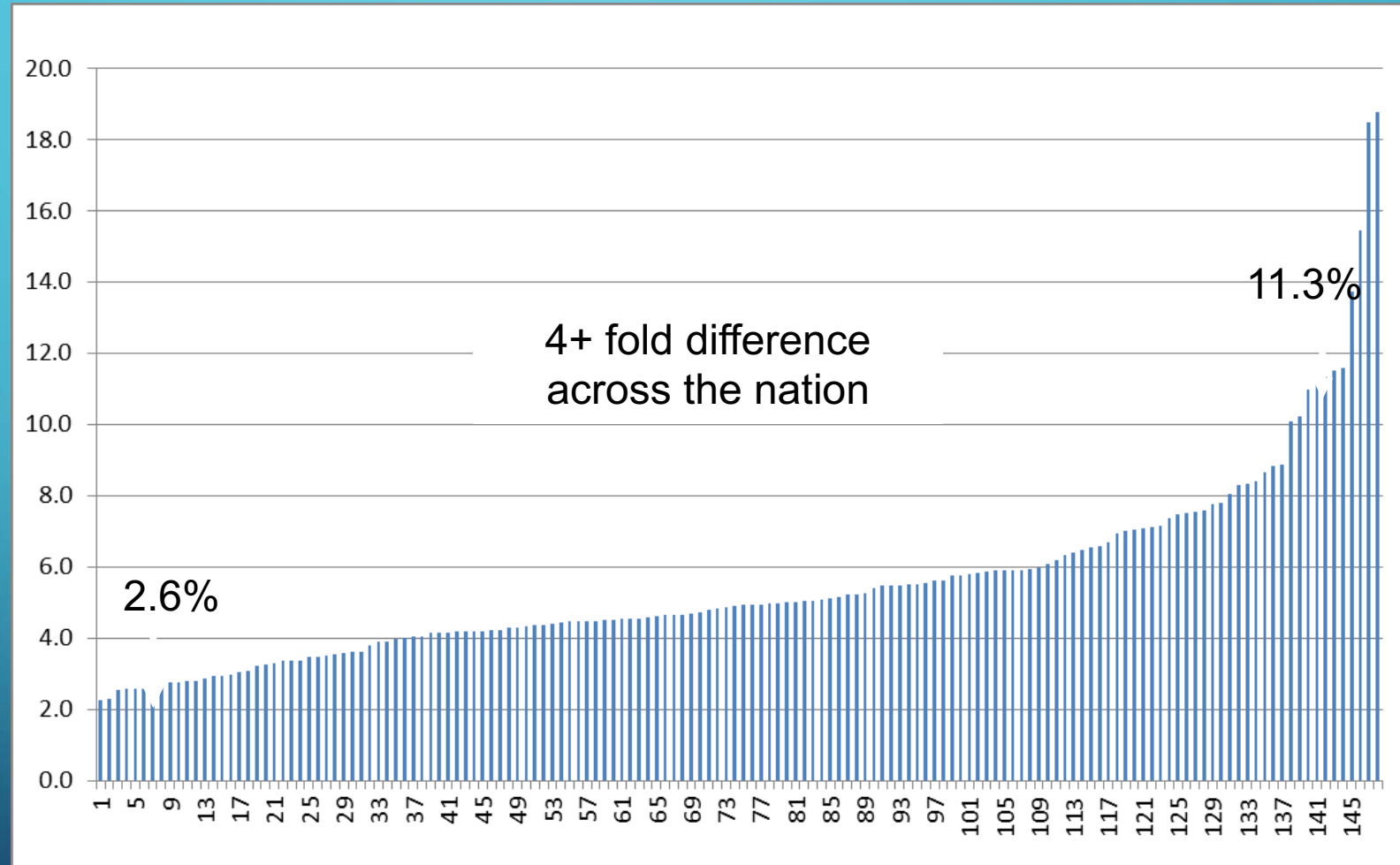


INCOMPLETE POLYP RESECTION DURING COLONOSCOPY (CARE) STUDY

- Prospective study US
- IRR 10% nonpedunculated polyps \leq 20mm
- IRR greater
 - larger polyp
 - SSA
- Endoscopist IRR 6.5-22.7%

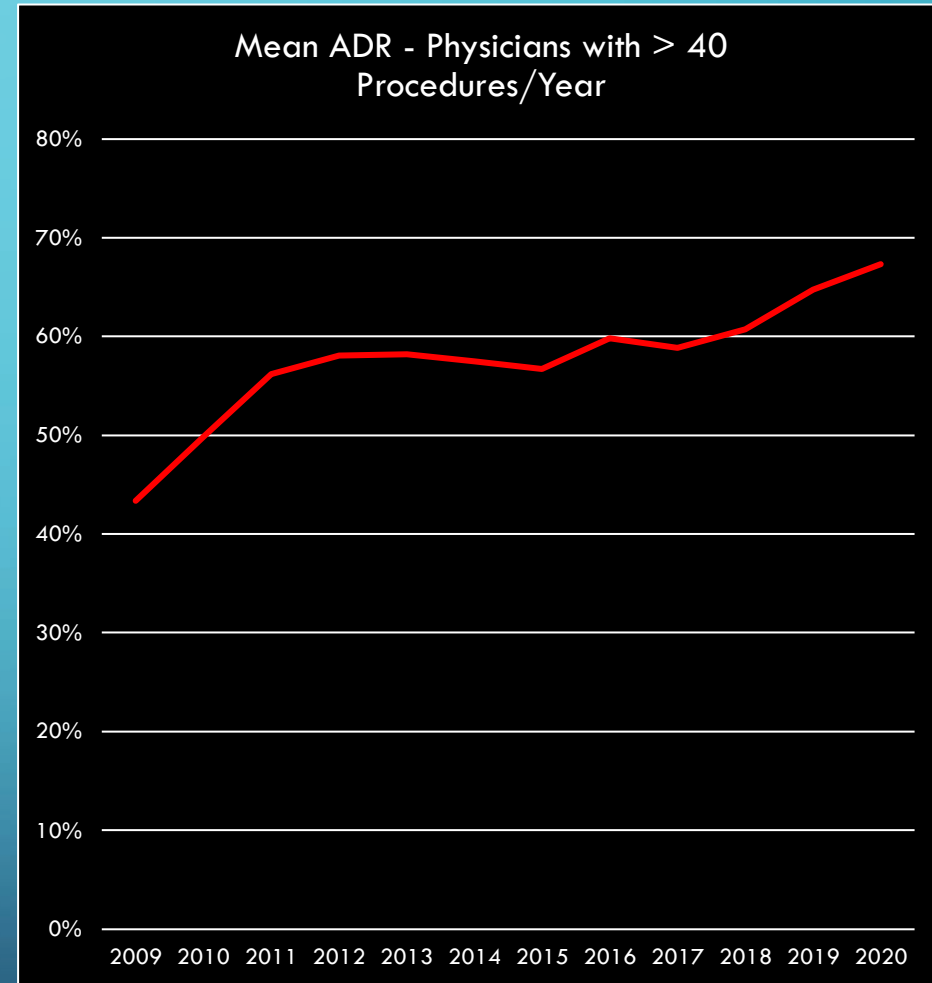
POST COLONOSCOPY CRC (PCCRC) - RATES FOR 149 ENGLISH NHS HOSPITALS

PCCRC %
= $X/X+Y$



CAN YOU GET BETTER?

Credentialed
colonoscopists:
Nova Scotia
Colon Cancer
Prevention
Program

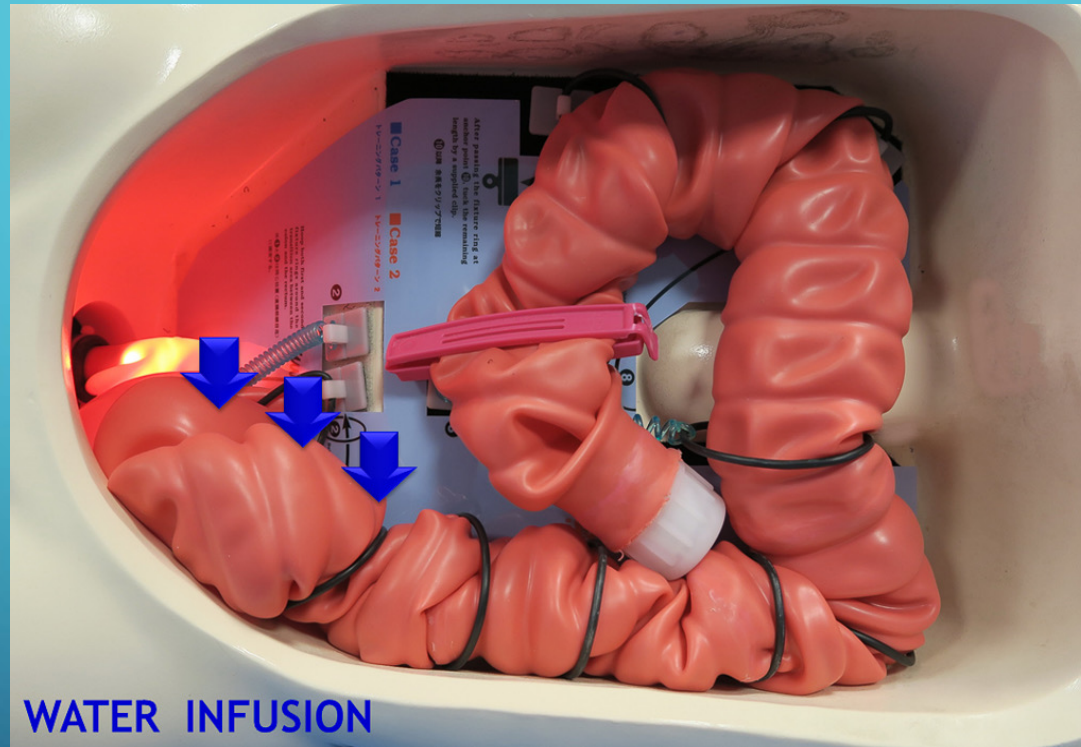


TAKE A CAG SEE COURSE



- Ergonomics
- Improve your efficiency
- Better polyp detection

BENEFITS OF WATER INFUSION



POSITION CHANGE

- Improves the view
- Minimizes distension
- De-angulates sharp bends
- Avoids loop formation
- More comfortable
- Improves ADR

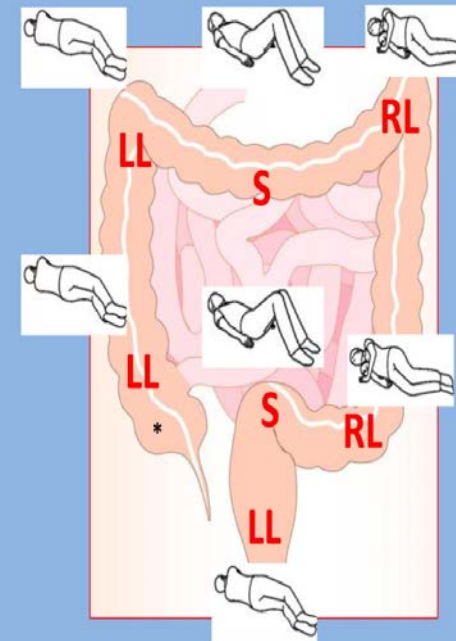
Position change during withdrawal

KEY: OPTIMAL POSITION

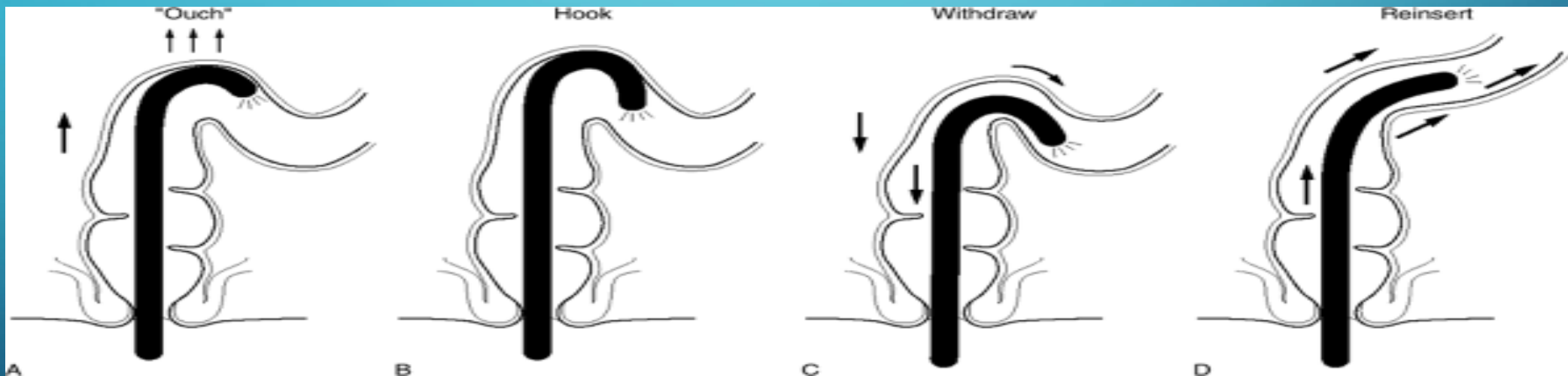
LL = Left lateral

S = Supine

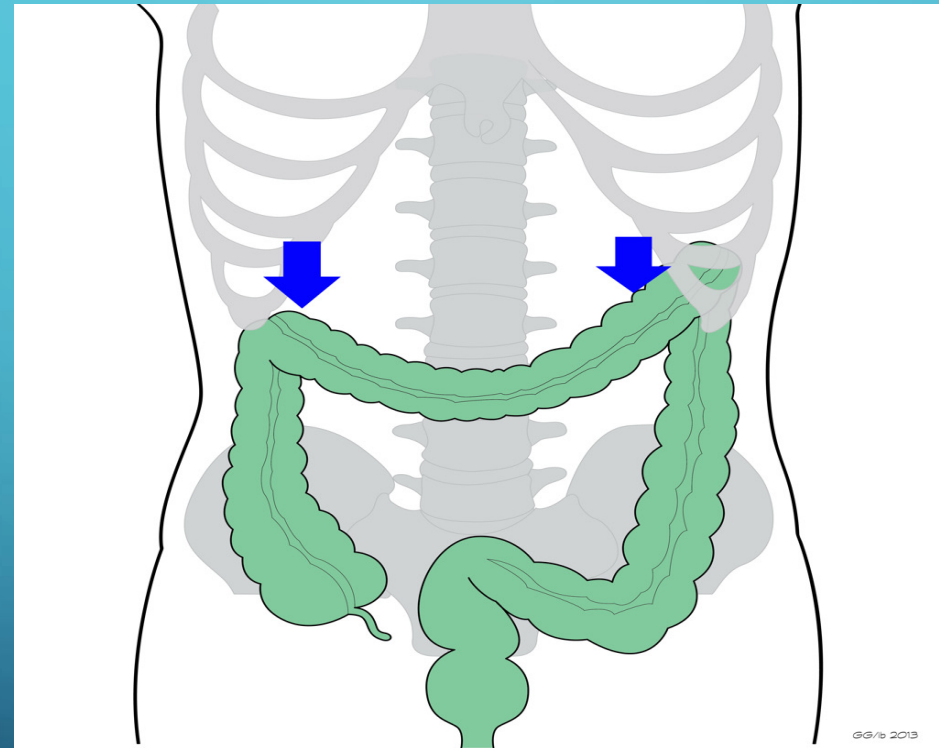
RL = Right lateral



REVERSE THROUGH THE SIGMOID



BREATH HOLD AT THE FLEXURES



SECOND LOOK

- Systematic review to assess the yield of second forward look compared to second retroflexed look
 - 4 studies
 - Second look forward view: increased ADR by 10%
 - Second look retroflexed view: increased ADR by 6%
- Difference between these methods was not significant.

The background is a dark blue gradient. In the corners, there are white line-art patterns resembling circuit boards or neural networks, with lines connecting to small circles.

GIEQS

- Outstanding resource

WHY BOTHER

- Experts are unconsciously competent
- There is a downside:
 - So much you haven't been taught
 - Don't know what you don't know

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CHANGE ON A PROFESSION LEVEL

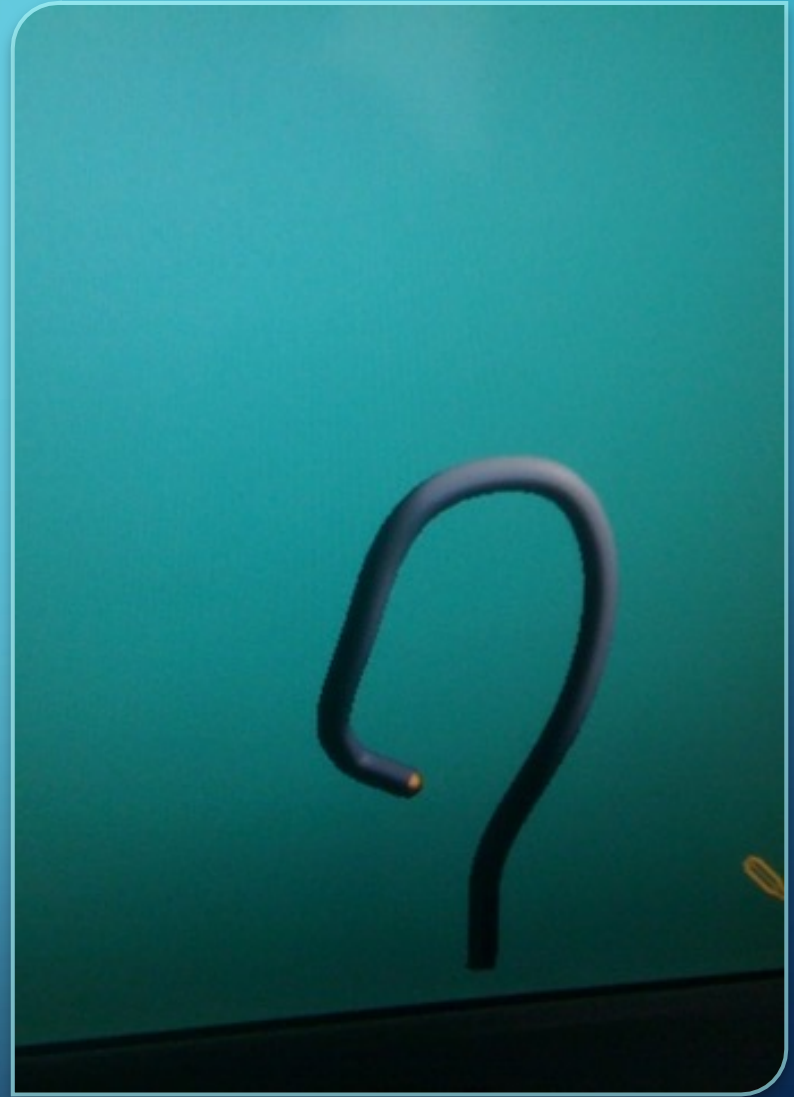
TECHNOLOGY CHANGES IN ENDOSCOPY

- Fibre optic to video
- High definition and near focus
- Contrast imaging
- Better tools – snares, injections solutions
- Cold snare technique
- Artificial intelligence

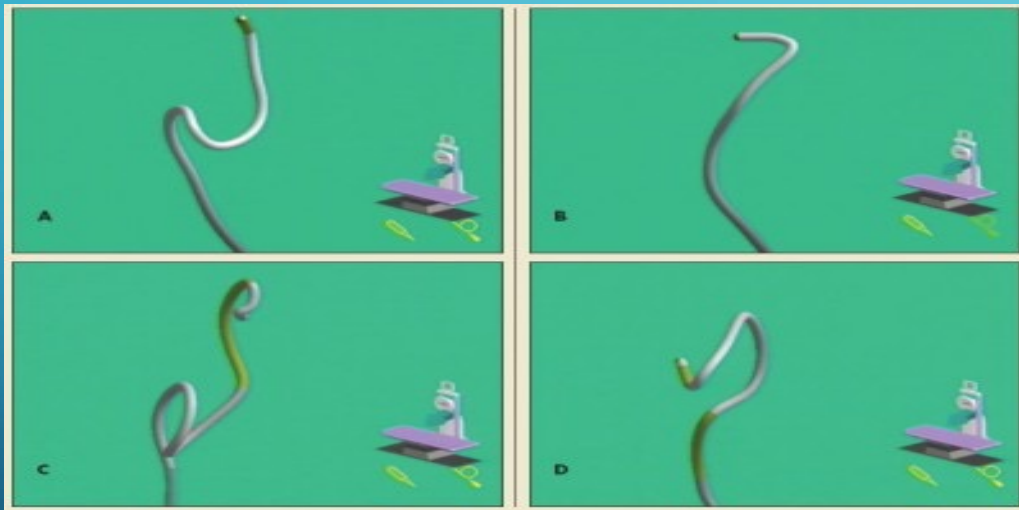
OF ALL THE TECHNOLOGY CHANGES I HAVE SEEN: BIGGEST IMPACT FOR ME

Magnetic imaging

- Performance quality improvement
- Better patient comfort
- Teaching possibilities

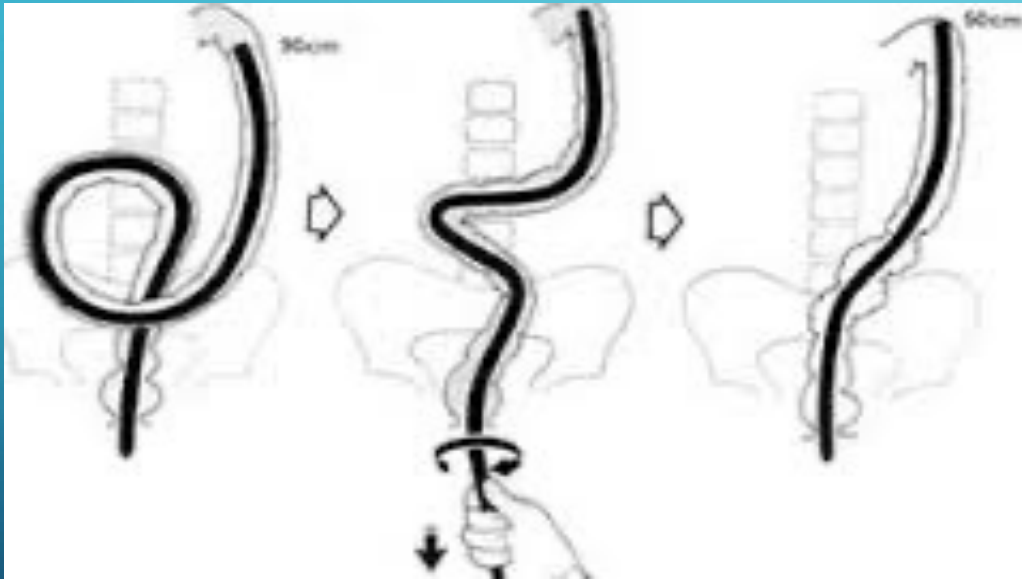


INCREASING YOUR CONSCIOUS COMPETENCE (IMAGERS)



- Imagers can help tell what is the problem.
- Imagers don't give you the solution.
- You still need to know the solution to what is happening and why.

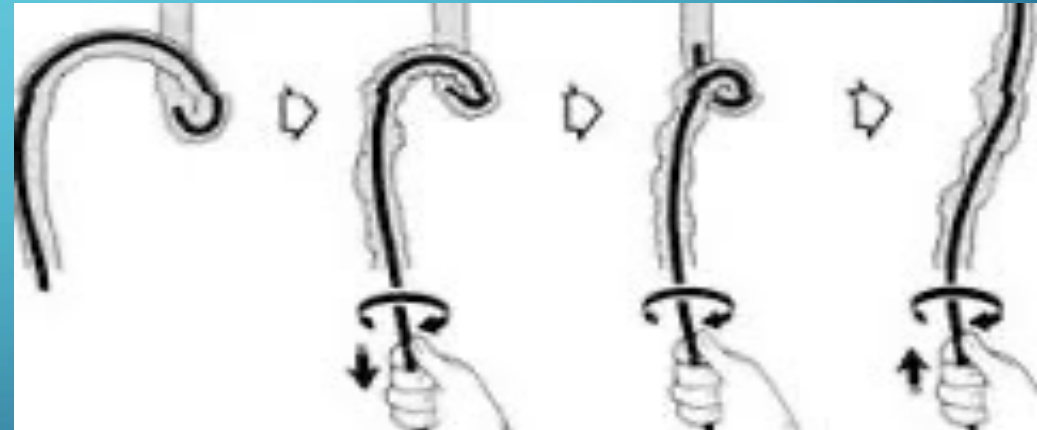
LOOP REDUCTION



- Alpha loop
- Withdraw first,
- Then torque

LOOP REDUCTION

- N-spiral loop
- Withdraw first,
- Then torque



QUALITY IMPROVEMENT IS KEY

What if someone decides to tell you how to practice?

The profession needs to get out in front to manage change appropriately



A GLANCE INTO THE (NEAR) FUTURE

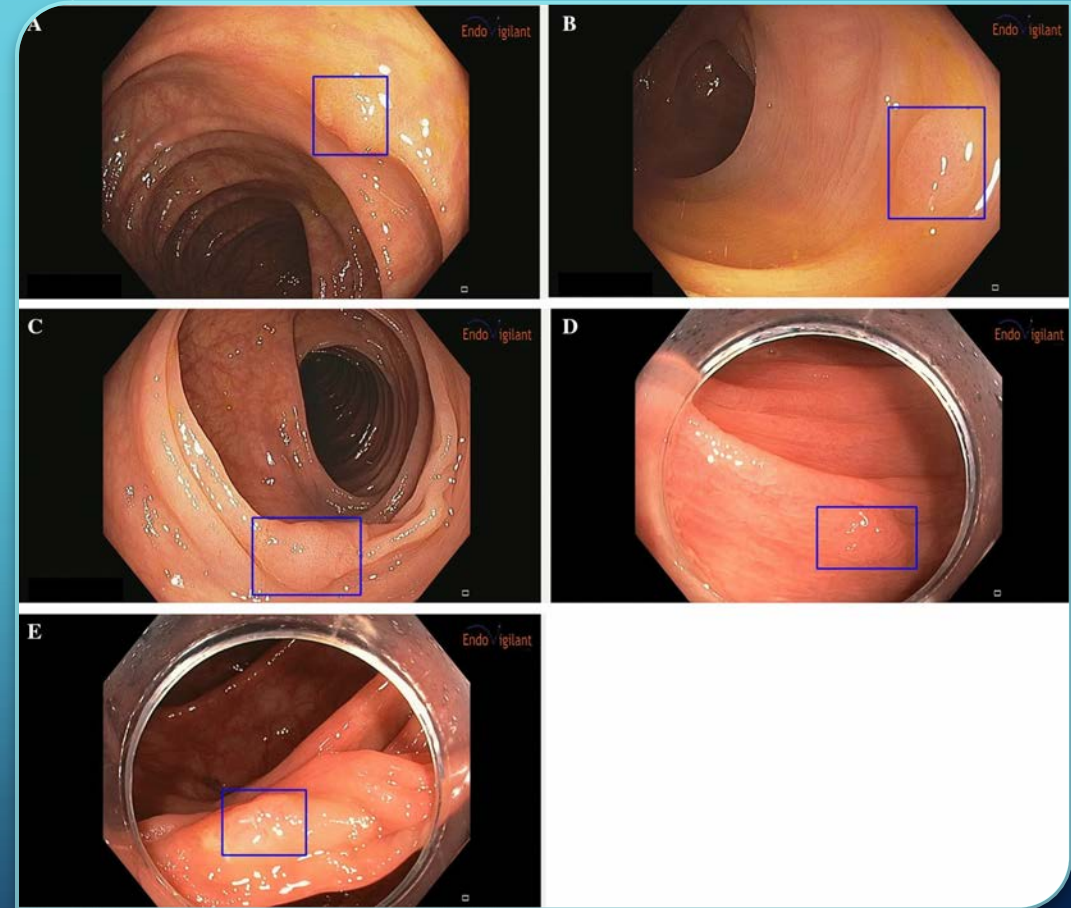
- Screening colonoscopy – does it have a future?
- Screening intervals will change with more time between examinations
 - You'd better look really carefully
- Polyp resection will become more and more important
 - You need to be on top of your game (EPIC)

ARTIFICIAL INTELLIGENCE

Great gadget

Fun to use

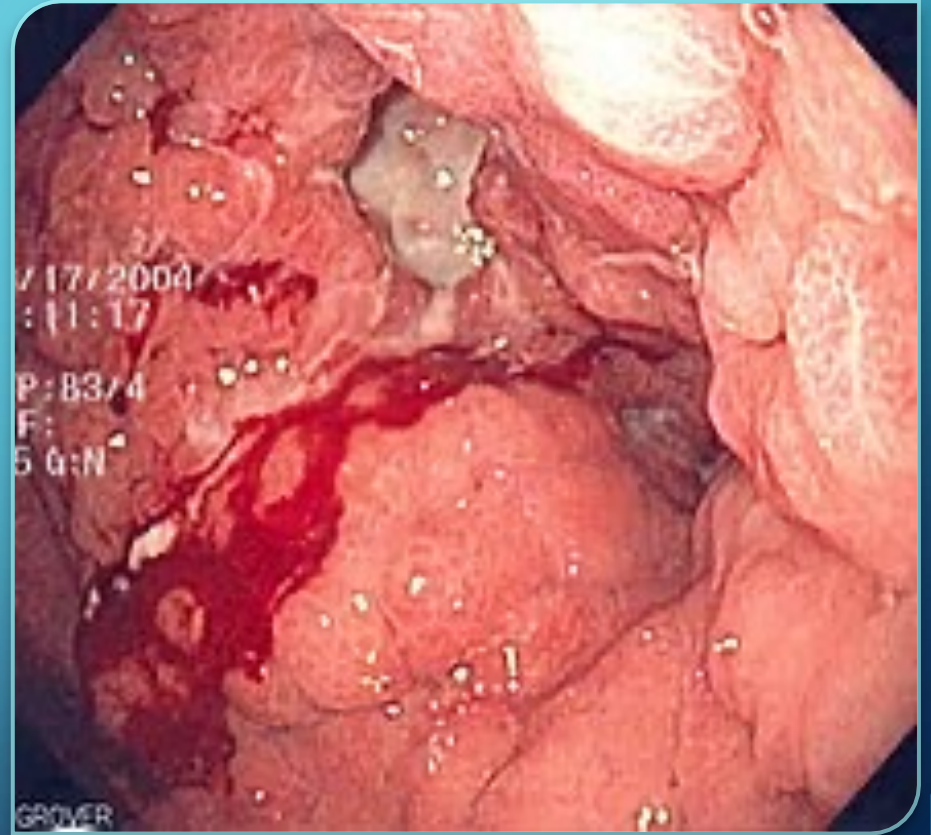
The machine can't find what it can't see!



PEUGIC THE NEW KID IN TOWN

Similar rates as PCCRC

We are missing/misinterpreting UGI pathology



THANK YOU FOR LISTENING



