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# Family Practice Residency Program Tutoring of Community-Based Practitioners in Flexible Sigmoidoscopy

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The flexible sigmoidoscope has been demonstrated to be an improvement over the rigid sigmoidoscope in terms of patient and physician acceptance as well as diagnostic yield.<sup>1,2</sup> While introductory one-day courses outlining the virtues of flexible sigmoidoscopy have been readily available to the practitioner, these courses are unable to prepare the participant fully to do the examinations in his or her practice, since no actual patient examinations are performed. The attendee is instructed in the application of flexible sigmoidoscopy but is frustrated to find it necessary to arrange further training after the seminar before incorporating this new technique into his or her practice. This paper outlines a mechanism to achieve hands-on training by utilizing family practice residency programs in which the mutual benefits to the trainee and the program are emphasized.

## METHODS

The Ventura County Medical Center is a 135-bed California county teaching hospital training 36 family practice residents. The family practice faculty are actively involved in teaching flexible sigmoidoscopy to the residents. In March 1986, a one-day workshop in flexible sigmoidoscopy instruction was conducted at the medical center by the family practice faculty for community physicians and interested residents. Fourteen community family physicians attended the course, which consisted of a morning lecture

and an afternoon practicum. The course content included an introduction to the instrument and a discussion of cancer screening, lesion recognition, and potential therapeutics. The afternoon was devoted to displays of several different instruments and hands-on practice with colon models. The course was similar in content to many around the country. As a follow-up to this introduction, participants were offered the opportunity for actual patient training to be arranged over the subsequent weeks. Examinations on their patients were supervised by one of the faculty, utilizing the hospital's facilities and equipment. Participation was nonbinding, though the physicians signed a contract indicating an intent to complete at least six supervised examinations. The hospital charged an instrument-use and room fee, and the private physicians billed the patient directly for their professional services. The faculty were available without charge to the patient or physician.

## RESULTS

Of 14 community family physicians participating in the course, 11 signed up for further supervised instruction. Eight of these have completed the training session and have incorporated the procedure into their practices. Six physicians participated in the course but did not seek further training in flexible sigmoidoscopy. Of the family physician course participants who did not complete the hands-on training, none are currently performing flexible sigmoidoscopy in the practices. The ready access to tutored examinations, together with the expectation of further training, successfully ameliorated the temptation to proceed with sigmoidoscopic examinations without the development of adequate skills.

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## DISCUSSION

It is difficult for family physicians to obtain sufficient experience in performing flexible sigmoidoscopy. Many one-day courses are available to introduce physicians to the virtues of the instrument, but hands-on supervision of patient examinations is lacking. Many participants are taking matters into their own hands and proceeding with flexible sigmoidoscopy without supervision, a practice that is to be discouraged. In one study of patterns of use, after a one-day seminar on flexible sigmoidoscopy involving over 1000 participants, 68% of the participants reportedly began doing flexible sigmoidoscopy in their practices without any further instruction.<sup>3</sup> Interestingly, these same participants indicated that they felt that it requires 15 procedures to become proficient in the technique of flexible sigmoidoscopy. Another study reported that 50 of 75 one-day-workshop participants did not receive additional supervision before beginning to do the procedure.<sup>4</sup>

Although these reports indicate that the procedure is easily learned and generally safe, the authors emphasize that further guided instruction in a clinical setting is needed. Hawes and colleagues<sup>5</sup> showed that, after extensive instruction on colon models, only 19% of the initial 10 examinations on patients done by residents with the 65-cm instrument could be deemed competent. Certainly in the current climate of competition and privilege issues, family physicians want to endorse a situation whereby family physicians are performing procedures with proper preparation. The American College of Physicians<sup>6</sup> has published guidelines to assist in the assessment of physician clinical competence for the performance of flexible sigmoidoscopy, noting that both cognitive and technical skills are necessary. They go on to state specifically that the completion of a short course or workshop in flexible sigmoidoscopy will not by itself result in competence. The appropriate number of supervised flexible sigmoidoscopic examinations to be done on patients before a physician is considered competent has been addressed by several authors<sup>5,7</sup> as well as the American Academy of Family Physicians and the American Society of Gastroenterology in their co-authored pro-

gram of flexible sigmoidoscopy instruction. There seems to be a consensus that about 10 to 15 supervised procedures be required as a minimum.

With over 375 family practice residency programs in the country, instructional capabilities are in place to meet much of the need. By encouraging family practice residency faculty to set up training programs for their community physicians, a number of benefits can be achieved.

At the Ventura County Medical Center, the faculty has helped to solidify a stronger working relationship with the community family physicians. The faculty has taken a leadership role in bringing this new skill to the local practitioners; in addition, the hospital has benefited by having sufficient utilization of its equipment to justify purchasing a flexible sigmoidoscope. The community physicians have had the opportunity to conduct supervised sigmoidoscopy examinations on their patients without having to incur the expense of purchasing an instrument for their office. Most important, these physicians have had the opportunity to achieve a level of competence in the procedure in a convenient, time-efficient way, making the goal of producing high-quality examinations attainable. This mutually beneficial training is needed within the discipline of family practice to ameliorate the "town-gown" relationship.

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