



European Society of Gastrointestinal Endoscopy (ESGE)

Guidelines for ESGE sponsored events

ESGE sponsored workshops on advanced endoscopy with live (or video) demonstrations sponsored by the European Society of Gastrointestinal Endoscopy (ESGE) are aimed at achieving the following goals:

- To promote the teaching and practice of gastrointestinal endoscopy
- To enhance and assist in the control of quality of endoscopic procedures

The following guidelines have been developed to ensure a consistent format, structure and quality of this activity, and should aid the ESGE representatives as well as the local organizers in organizing a successful meeting.

Planning and responsibilities

1. Member societies apply formally in accordance with the ESGE live course bid manual (www.esge.com). The decision to hold the course and the date must be agreed upon at least one year before the intended date of the workshop.
2. **The ESGE governing board** handles and may approve the official application. The board assigns an ESGE co-director.
3. **The ESGE education committee chairman** sends an official letter of approval to the applicant, including information about the designated ESGE course co-director.
4. **The ESGE education committee chairman** also informs BMI that the course has been approved and ascertains the specific sponsors (and terms) for the course. This should be done following discussions with the local organizer on specific local considerations. Once the main sponsors have confirmed their intention, the money shall be transferred to the ESGE treasurer 6 months before the workshop on request.
5. **The ESGE co-director** initiates contact with course director of the local organizing committee. He will also contact the ESGENA governing board. He will maintain contact with ESGENA, the local organizer and the BMI partners throughout the planning phase.
6. **The ESGE co-director** assigns the ESGE faculty and develops the scientific program in close collaboration with the course director. The faculty should be selected according to the specific aims of the teaching event. There are normally 2-4 senior experts and 1-2 more junior experts in the faculty of Live-Demo workshops together with a similar number of local experts and 2 - 4 representatives from the ESGENA. Either the president of the ESGE or the chairman of the ESGE education committee shall be members of the faculty. The program for the workshop must include local experts as well as the ESGE and ESGENA faculties.
7. **The ESGE co-director** should organize a site visit no later than 6 months prior to the course. The visit should include representatives from the BMI sponsor, ESGENA and the local organizing committee. The aim of this visit is to establish contact with the local organizers, to assess the endoscopy unit, the meeting facilities, the transmission facilities, and to assign individual responsibilities deadlines, etc. A report after this site visit is sent to the chairman of the ESGE education committee and the ESGENA president. Invoices for travel expenses incurred are sent to the ESGE for reimbursement.
8. **The ESGENA governing board** will appoint an ESGENA co-director as a contact person throughout the organisation. The further ESGENA activities will be organized by the ESGENA board and co-director, in collaboration with local nurse faculty and the ESGE co-director.

Educational goals and guidelines

1. The main teaching aims of the course should be clearly stated early in the planning, and cases as well as lectures should be selected with this specifically in mind.
2. The clinical problems and endoscopic techniques demonstrated should be relevant to current practice and to the course audience. Occasional special cases requiring special expertise should be explicitly stated as such.
3. The educational goals for each procedure should be defined. Each case must be preceded by presentation of the case history and the reason for and intentions with the endoscopic procedure must be stated.
4. There must be interaction between the audience, the demonstrator and the assisting endoscopy nurse (where appropriate). As a minimum, one senior ESGE expert and one local expert should moderate each session.
5. A separate lecture programme for nurses is recommended focusing on educational needs of the host country.
6. Didactic lectures are recommended as part of the programme. They are recommended to include topics of daily quality assurance, e.g. equipment care and disinfection, sedation and complications.
7. The course must comply with existing local continuous medical education (CME) regulations. An application for valid CME credits should be sent to UEMS as soon as the scientific program is in place. Please ask the ESGE Technical Secretariat for details on how to apply, if necessary.
8. If a separate session is appropriate to meet educational needs of nurses, an ESGENA expert and one local nurse should serve as designated moderators. There must be interaction between the audience in the separate nurse auditorium and the endoscopy suites.

On-site organization and facilities

1. The ESGE co-director will arrive before the course to assist and advise the local organizers in selecting patients for the course and to prepare the final list of procedures.
2. One or two ESGENA representatives will likewise arrive before the course to meet and to teach the local nursing staff.
3. The visiting ESGE and ESGENA faculty, representatives of the industry and the local organizers will meet before the course starts to go through the list of scheduled procedures, selected patients and the required equipment.
4. The role of the faculty members may alternate between performing endoscopic procedures, lecturing and moderating in the auditorium.
5. The course faculty must include local experts. The local experts will perform procedures, give lectures and be co-moderators together with the ESGE experts.
6. The role of the ESGENA faculty may alternate between assisting at the endoscopic procedures together with local nurses, chairing sessions of the nurses programme, giving lectures and co-moderate together with the ESGE faculty at combined ESGE-ESGENA sessions. During live demonstrations at least one member of the ESGENA faculty should be present in the procedure rooms to advise and assist local nurses during endoscopic procedures.
7. The audiovisual presentations should be designed to maximize transmission of intended information by relevant placement of cameras, skilled camera operators, enough microphones (at least one in-room-microphone, one examiner microphone), high-quality display screens and an experienced production company.
8. There should be a plan for handling unforeseen events like loss of audiovisual transmission and unexpected patient cancellations. Backup material, e.g. video material should be available.

The demonstrator endoscopist

1. Demonstrators must be recognized experts in their respective fields. They should have educational and didactical experience.
2. The demonstrator is regarded as a visiting consultant and should have an official invitation from the hospital to perform the procedures planned for the course. The insurance coverage of the visiting faculty should be ensured by the local organizer, but it is in the interest of the visitor to make sure this is in order prior to the live sessions.
3. The demonstrator must – upon request from the organizer – provide documentation about any potential carrier status (e.g. Hepatitis B and C).
4. The demonstrator should familiarize himself with the individual cases he that will be performed, including case history, planned procedures, possible risk factors.
5. Demonstrators should use only equipment with which they are familiar.
6. Selection of equipment is ideally done prior to starting the case. This should be done in collaboration with the sponsoring companies, but the demonstrator has the final word in selecting the equipment at his own discretion.
7. The demonstrator has a responsibility to educate the host team (before or during the procedure) regarding any devices or procedures that require special knowledge.
8. The demonstrator should focus primarily on the patient care, but should also inasmuch necessary and practicable show the equipment used, accessory preparation, intubation technique and other considerations that may improve the teaching output of the case.

The endoscopy nurse (assistant)

1. ESGENA faculty members should have educational and didactical experience.
2. Endoscopy nurses should have experience in assisting the respective procedures.
3. The assisting nurses must – upon request from the organizer – provide documentation about any potential carrier status (e.g. Hepatitis B and C).
4. The assisting nurses should use only equipment with which they are familiar.
5. The ESGENA faculty has a responsibility, in collaboration with the expert endoscopist, to educate the host team (before or during the procedure) regarding any devices or procedures that require special knowledge.
6. The assisting nurses will adhere to normal clinical and ethical guidelines in patient care and assistance,

The Local Course Director

1. The local course director is responsible for patient care in preparation for, during and after the course.
2. The local course director must ensure sufficient time for the demonstrators to meet their patients, and provide necessary translation and access to the medical record of the patient.
3. The local organizers must be realistic in placing the demands of a live course on the endoscopy unit and ensure that such demands can be met. The case mix, as well as case load, must comply with practical limitations of the course site.
4. The organizer must provide adequate facilities for cleaning and disinfecting of endoscopes and accessories in keeping with ESGE guidelines.
5. The organizer or a designated host physician must be present in the procedure room during a demonstration as the “attendant of record”.
6. The organizer should attempt to comply with the demonstrator’s preference for equipment. This should be handled during the selection and distribution of cases between experts.

7. The organizer, demonstrator, the assisting nurses and the host institution must have appropriate malpractice coverage. Such coverage is the responsibility of the local organizer.
8. The local course director must ensure that the demonstrators are appropriately licensed and privileged to perform the procedures being demonstrated.
9. The local course director and his organization are responsible for the budget of the course.

The ESGE Co-Director

1. The ESGE co-director is the official ESGE representative in the workshop, and is responsible for the ESGE involvement.
2. The co-director will coordinate the initial planning phase including the pre-workshop site visit, contact with main international industry sponsors and initial contact with ESGENA.
3. The co-director will collaborate closely with the course director to select the faculty, determine the scientific program and discuss the selection of live demo cases or video demonstrations.
4. During the workshop, the co-director will oversee the activities and ensure compliance with these guidelines and general medical and ethical standards.
5. The ESGE co-director will inform faculty of the ESGE Travelling Tutors programme and invite them to participate.
6. After the course, the co-director will prepare a report on the course to the ESGE governing board (see below)

Industry partners

1. Industry partners will be selected during the earliest planning of the course to secure a financial foundation and access to necessary equipment for the course. The partners are:
 - a. Boston Scientific
 - b. Fujinon
 - c. Olympus
 - d. Pentax
 - e. Wilson-Cook

Each workshop is typically sponsored by one endoscope manufacturer and one accessory supplies. Each sponsor typically supports one meeting each year.

2. The industry partners will supply technical equipment and necessary supporting manpower for the course in close association with the course faculty and local company representatives. In addition, a fixed sum of sponsor money will be forwarded to the ESGE treasurer upon invoice.

This sum is (per December 2007):

Fujinon/Olympus/Pentax: €17,500, Boston/Cook: €10,000

3. Representatives from the involved companies will liaise with the local organizers and the ESGE co-director during the entirety of the planning and conduct of the course.
4. The equipment to be made available for the course should be decided at least 3 months prior to the course, to allow delivery of all requested items. The list of equipment should be prepared by the course director, co-director, ESGENA representative and industry partner representative in collaboration.
5. Industry representatives provide training for local staff regarding the use of devices considered for use during the course.
6. Industry representatives must never be directly involved in patient care or assistance during procedures, but stay available for rapid access to equipment and accessories.
7. The course organizer shall maintain an ethical relationship with supporting industry.

8. When appropriate for patient care, endoscopes and accessories used during workshop should be those of the selected industry partners. This does not exclude the use of other equipment if required for specific patient's care.

Patient safety and consent

1. Patient safety and proper care must take precedence over all other considerations.
2. There must be an adequate informed consent process. This should include the course details and the assigned demonstrators.
3. The potential benefit for the patient of performing a particular procedure must outweigh the risks.
4. The usual standards of care of patients at the hosting hospital must be provided for all patients examined or treated during the course, before, during and after the procedures.
5. The course organizer should never put the patient at risk by inappropriate selection, inappropriate treatment or any other contravention of normal ethical practice.
6. The local director bears the medical responsibility for the course patients and has unrestricted rights to make medical decisions on behalf of – and in collaboration with the patient.
7. Visiting faculty, on the other hand, has an unrestricted right to refuse or cancel the performance of procedures deemed not indicated, dangerous or futile.

After the meeting

1. The course director should prepare a report to the ESGE governing board together with the co-director. As a minimum, the report should include the following items:
 - a. Location and venue
 - b. Local organizing committee
 - c. Director and ESGE co-director
 - d. ESGENA representative
 - e. BMI partners
 - f. Participation
 - g. Teaching aims
 - h. Scientific program
 - i. Practical organization of the meeting (in particular items that went well or not so well, that may have implications for future meetings)
 - j. Results from participant questionnaire survey
 - k. Financial result
2. A DVD with recordings of the live demo cases should be prepared if possible. If this cannot be done within the context of the local organizer, copies of the master tapes should be forwarded to the ESGE education committee for further processing.
3. ESGE transfers the remaining funds to the host (International BMI sponsorship with ESGE incurred expenses deducted). Should the host request partial funding before the course has taken place, this can be arranged at the discretion of the ESGE treasurer (usually a sum of €10,000). However, such an advance may only be made after the BMI have transferred the funding to the ESGE bank account.

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