Training innovations in gastroenterology and educational resources: a new vision of gastrointestinal education across Europe

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To define a new educational strategy for the United European Gastroenterology Federation (UEGF) to be followed and implemented in the near future. UEGF organized a consensus-based strategy meeting with stakeholders and key decision makers in European Gastroenterology on Training Innovations in Gastroenterology and Educational Resources. In May 2010, in an ‘open-face conference’ at Starnberg, Germany, 59 specialists in gastroenterology, hepatology, and related fields from 15 countries and 16 societies participated. Breakout sessions identified the key problem areas, possible solutions, and formulated statements subsequently voted upon in plenum. A majority of the formulated statements (59%) reached a strong agreement. Topics in which UEGF should focus are the future educational activities that include developing ways to advocate multidisciplinarity and integration between levels of care and specialties, ways to improve quality of care, and the development of training tools. The successful outcome of the Training Innovations in Gastroenterology and Educational Resources conference was achieved with the production of a strategy layout for new UEGF educational activities. There was an agreement that improvement in topics related to multidisciplinarity and professionalism, which is crucial for further development. An open-face conference, such as that embodied by the Training Innovations in Gastroenterology and Educational Resources meeting, was shown to be an effective tool in identifying the key problem areas in education and in formulating new strategies.

Introduction

The United European Gastroenterology Federation (UEGF) is one of the main providers of postgraduate medical education in gastroenterology and hepatology in Europe. This professional, non-profit medical federation represents 16 major European gastroenterology societies and consists of subspecialties of medicine, surgery, pediatrics, endoscopy, hepatology, gastrointestinal (GI) oncology, primary care, and diagnostics. It represents more than 22,000 European specialists in the field and organizes the annual United European Gastroenterology Week (UEGW) as a forum for scientific exchange and for practical and theoretical postgraduate learning. It is the central mission of UEGF to increase gastroenterological knowledge and improve the quality of care delivered to patients with GI and liver disorders throughout Europe. To achieve this mission, initiating and supporting continuous medical education by postgraduate teaching is fundamentally important. In close collaboration with its member associations, the Federation allocates substantial financial aid and personnel resources for European-wide educational activities.

Continuous education is one of the fundamental factors, which determines the development of a medical profession and guarantees both the quality and the safety of the care that it delivers. Indeed, the chain of events in postgraduate medical education proceeds directly from improving physician competence to physician performance, which, ultimately, leads to an improved patient outcome. This process requires integrated postgraduate training programmes for all disciplines involved in providing GI services, both in primary and secondary care.

For these reasons, the UEGF Education Committee decided to carefully reconsider its educational activities and develop a vision on professional learning in gastroenterology that is rooted in the organization. As a well-defined and structured starting point, the UEGF organized a consensus-based strategy meeting with stakeholders and key decision makers in European Gastroenterology and Hepatology on Training Innovations in Gastroenterology and Educational Resources (TIGER). This meeting was the formalization of UEGF’s commitment to follow the
‘curriculum development’ approach in defining an adapted educational strategy for the Federation to meet the requirements of the near future.

This study describes the process, summarizes the results and formulates the recommendations for the educational strategy of UEGF for the next 5 years.

**Process**

Attending the 2-day retreat close to the lake of Starnberg near Munich in Germany in May 2010 were 59 stakeholders and experts from 15 European countries who represented 16 societies of the UEGF, including three medical education experts invited to update the participants on the key developments in medical education. Professor Lesley Southgate (London, UK) related experiences in ‘fostering excellence and professionalism in medical practice’, Professor Richard Grol (Nijmegen, The Netherlands) expounded on ‘how can we help clinicians to change their clinical practice?’, and finally, Professor Martin Fischer (Witten/Herdecke, Germany) delivered a lecture on ‘activating teaching methods and collaborative online learning environments for postgraduate medical education: models and experiences’. In addition, these three experts supported the total curriculum development process.

On the basis of the ‘six-step approach’ for curriculum development in medical education by Kern et al. (Fig. 1), the structure of the TIGER consensus-based strategy meeting was defined as follows:

1. Block 1: identification of key challenges in improving GI care in Europe, within the specific fields of Gastroenterology and Hepatology, in primary and specialty care, in the next 5 years (‘problem identification’).
2. Block 2: who needs to be trained to meet these challenges and which groups should UEGF target for this training (‘target and specific goal definition’)?
3. Block 3: which training methods are needed to deliver specific goals to the defined targets?

These three blocks were organized in a similar fashion. The questions were intensely discussed in small groups of 5–10 participants. The summarized results of the discussions were then brought back and presented to the plenum. This procedure ensured that all participants were equally involved in the process.

The first block was preceded by seven input lectures from experts in the fields of medicine, endoscopy, liver, surgery, primary care, pediatrics, and diagnostics, who delivered their personal visions of the future for their area of expertise. At the end of block 1, a ‘walking wall’ enabled participants to discuss the findings with each group’s speaker and then voting identified the top challenges across the fields. In blocks 2 and 3, interdisciplinary groups were formed based on the participants’ particular interests. Groups formulated final statements on specific targets, goals, and educational strategies on the prioritized challenges identified in block 1. In the final block, participants were asked to vote (using an anonymous audience response system) as to whether they agreed or disagreed with the formulated final statements based on the results of the three blocks.

**Results**

During the block 1 break-out session, the discussion of the key challenges in improving GI care went beyond specialty-based topics and focused on general interdisciplinary subjects. Participants individually chose their top three priorities from among the presented topics; the summed results then identified the top nine priorities across the fields. These were:

1. Defining quality and making it transparent to patients, healthcare providers, society, and colleagues;
2. Standardizing training in view of variable healthcare related conditions (ethnicity, culture) and competency;
3. Creating a culture of close interdisciplinary collaboration;
4. Meeting the demands and needs of patients and society;
5. Multidisciplinary training, training people to work in teams;
6. How to train the trainers;
7. Incorporating new knowledge from research into training;
8. Integration of GI management in primary and secondary care; and
9. Integrating interventional gastroenterology and surgery into team-oriented care.

Follow-up discussions on specific targets, goals and educational strategies in the interdisciplinary groups during blocks 2 and 3 led finally to the formulation of a total of 27 individual statements (supplemental material online www.uegf.org), which were subsequently subjected...
to a plenary vote. After block 3, 78% (46/59) of the participants voted on statements that were loosely grouped into the following four categories:

1. Multidisciplinarity and integration between levels of care and specialties (seven statements);
2. Striving for quality improvement using standardized education, assessments and guidelines (seven statements);
3. Development of training tools (eight statements); and
4. UEGF missions with partner organizations (five statements).

Voting on a majority of statements (16/27, 59%) reached a strong agreement (> 66%). The plenum disagreed in only two of 27 (7%) statements, both from category D, ‘UEGF missions with partner organizations’, which focused on collaboration with the European Union of Medical Specialists.

There was a strong agreement that quality management is an important subject. To improve quality, UEGF should define quality-of-care indicators, plus ensure a continuous review of measurement and adherence. Resources that can support quality management and should be promoted by UEGF include information on quality improvement processes, evidence-based medicine guidelines, performance measurements with feedback, and monitoring of patient satisfaction. Accreditation and cross-European certification would help ensure a standardized quality, especially in view of increasing mobility among practitioners.

Furthermore, UEGF should invest in the development of standardized courses and multimedia tool kits on topics such as evidence-based medicine, integrated care, and multidisciplinary team development. UEGF should create tool kits for qualified trainers to give standardized courses. Especially training to work in multidisciplinary teams by role-modelling exercises, providing courses in communication and team management and cultivation of this philosophy in postgraduate courses should be a main UEGF focus.

Summarizing the main outcomes, the following strategy layout was formulated:

1. Advocate multidisciplinarity and integration between levels of care and specialties by:
   (a) Commissioning, creating or adopting guidelines (agreement 71%);
   (b) Ensuring that a standardized evaluation is an integral part of all future educational initiatives (agreement 100%);
   (c) Fostering harmonization of training programmes in Europe by establishing a set of criteria to be met when courses offered by individual societies are funded or endorsed by UEGF (agreement 89%);
   (d) Approving UEGF trainers teaching evidence-based medicine principles by a set of criteria (agreement 71%); and by offering these trainers a standardized toolbox for teaching (agreement 84%); and
   (e) Implementing a process of continuous evaluation to achieve the goal of defining quality and making it transparent to patients (agreement 71%).

2. Strive for quality of care improvement by:
   (a) Commissioning, creating or adopting guidelines (agreement 71%);
   (b) Ensuring that a standardized evaluation is an integral part of all future educational initiatives (agreement 100%);
   (c) Fostering harmonization of training programmes in Europe by establishing a set of criteria to be met when courses offered by individual societies are funded or endorsed by UEGF (agreement 89%);
   (d) Approving UEGF trainers teaching evidence-based medicine principles by a set of criteria (agreement 71%); and by offering these trainers a standardized toolbox for teaching (agreement 84%); and
   (e) Implementing a process of continuous evaluation to achieve the goal of defining quality and making it transparent to patients (agreement 71%).

3. Develop training tools by:
   (a) Selecting and designing new educational training methods and providing appropriate assessment tools for measuring learning impact (agreement 77%), and by developing cascade training models and multimedia tool kits to increase competence in finding and evaluating new research for use in clinical practice (agreement 71%), for example, by organizing courses on evidence-based medicine with certification (agreement 69%);
   (b) Developing multimedia tool kits to support clinicians who wish to implement integrated GI care (agreement 82%);
   (c) Working through national and local organizations to encourage the implementation of these multimedia toolkits (agreement 78%); and
   (d) Developing a web-based platform for linking UEGW and other educational initiatives for learning at local or individual levels (agreement 85%).

To provide a suitable summary with the potential for future implementation, some original statements have been slightly adapted or condensed. However, the agreement of all participants who have had the opportunity to review this manuscript ensures that an accurate account of the meeting’s message is herewith rendered. All the original statements may be viewed in the supplemental material online (www.uegf.org).

The majority of the participants were supportive of the TIGER project, as shown by a short evaluation of the meeting at its conclusion. Most participants (41/46; 89%) agreed that the UEGF TIGER project provided a good initiative for defining a 5-year action plan, and 85% (39/46) agreed that the format of the workshop was suitable for a strategic planning meeting. Finally, 72% (33/46) of attendees would favour a follow-up of a strategic planning conference similar to the TIGER meeting.
Discussion
The UEGF consensual strategy meeting called TIGER represents, to our knowledge, an unparalleled process of its kind in defining a new education strategy for an international professional medical federation.

Stakeholders and key decision makers representing the entire spectrum of the Federation followed a ‘curriculum development’ approach normally used in undergraduate medical education. In intense, small group discussions on future educational perspectives were developed by sequentially answering the following questions: What are the key challenges in European GI care, who needs to be trained, and which training methods are needed to achieve the specific goals for the defined targets?

Starting with identifying the key challenges in improving GI care in the next 5 years, the primarily field-specific discussion group focused on a number of interdisciplinary topics. From the start, there seemed to be an agreement that the improvement in topics related to professionalism would lead to the most significant improvement in GI care in the near future. This is not surprising as in the last two decades; most medical education around the world has undergone a fundamental shift to multifaceted, and competence-based frameworks [2]. Traditionally, the competence of physicians has been defined around a core medical expertise. However, healthcare delivery has changed, with interdisciplinary collaboration, integration and continuity of care as key processes. This requires a more complete physician and may include the role of a communicator, collaborator, health advisor, manager, scholar, and professional [3]. These concepts have, to date, been developed and discussed mainly on the undergraduate and postgraduate level, but the consensus during TIGER confirms the significance for continuing medical education as well.

On the basis of these insights, multidisciplinary discussion groups formulated concrete statements for future UEGF educational strategies, focusing on the ‘who’, ‘what’, and ‘how’ to educate. Considering the 27 formulated statements, the outcome was plentiful. With the identification of four leading themes in the statements, there was an apparent common line of discussion and focus. In the anonymous final voting process, 59% of the statements reached a strong agreement: this underscores the broad and reliable base expressed by participating UEGF stakeholders.

All of the other statements: except for two, reached a majority agreement, but by less convincing margins (51–65%) and should therefore be discussed further in a wide and representative forum of the UEGF. The collaboration with European Union of Medical Specialists as the political representative organization for medical specialists in the European Union and associated countries proved to be a pressing issue. Discussions within UEGF and with European Union of Medical Specialists will have to be continued.

In conclusion, the TIGER conference achieved its outcome with the production of a strategy layout for new educational activities in the future. The process, on its own, proved worthwhile and was a new experience for many participants who succeeded in producing an open, innovative and multidisciplinary working atmosphere. On the basis of the outcome of this process, the UEGF Education Committee now intends to finalize the ‘six-step approach’ of Kern’s curriculum development method by executing, in the coming years, the two final steps: ‘implementation’ and ‘evaluation’ (Fig. 1). This will provide an action plan for the implementation of postgraduate training initiatives across Europe in the near future.

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References