



EUROPEAN  
FEDERATION  
FOR COLPOSCOPY

# 5<sup>th</sup> Satellite Meeting and Training the Trainers

Hotel Pullman Brussels Centre Midi

15<sup>th</sup> December 2017

*Training the Trainers*

16<sup>th</sup> December 2017

*5<sup>th</sup> EFC Satellite Meeting*







EUROPEAN  
FEDERATION  
FOR COLPOSCOPY



# Training the Trainers

**Dr Nick Myerson**

*Chair of the Certification and Training Committee of  
the BSCCP*



# COMMON DIFFICULTIES IN PRACTICAL COLPOSCOPIC TRAINING

EFC

Training the Trainers

15 December 2017

# BETTER PRACTICAL TRAINING

Training someone to allow them to acquire competence in a complex area is difficult

- No single answer
- Things needed to deliver good training
- The trainee and how they affect training
- Approached to teaching practical skills
- The importance of skills training
- Some practical suggestions

# BASIC REQUIREMENTS

- Colposcopy is a complex clinical task
- Practical colposcopic training will not succeed without:
  - Sound theoretical knowledge
  - Sound basic clinical competencies
- The additional training to become a good colposcopist succeeds when these are combined
- The aim is competency NOT clinical skills

# TRAINING IS NOT NEW

“Observe, record, tabulate, communicate.

Use your five senses... Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone you can become expert’

Sir William Osler (1849–1919)

# WHAT TRAINING ?

- Successful practical training requires:
  1. A trainer who understands the task
  2. A trainer who has analysed the task
  3. A trainer with a plan to teach the practical
  4. There is no single task - we are building skills
  5. A shared curriculum or plan for training
  6. Trainees are not all the same

# TRAINEES

- Trainees are not all the same
  1. Different motivations
  2. Different capabilities (to you and each other)
  3. Different learning styles
  4. Different expectations



# TRAINEES EXPECTATIONS



# TRAINEES NEEDS

---

## Learning Styles

---



Audio

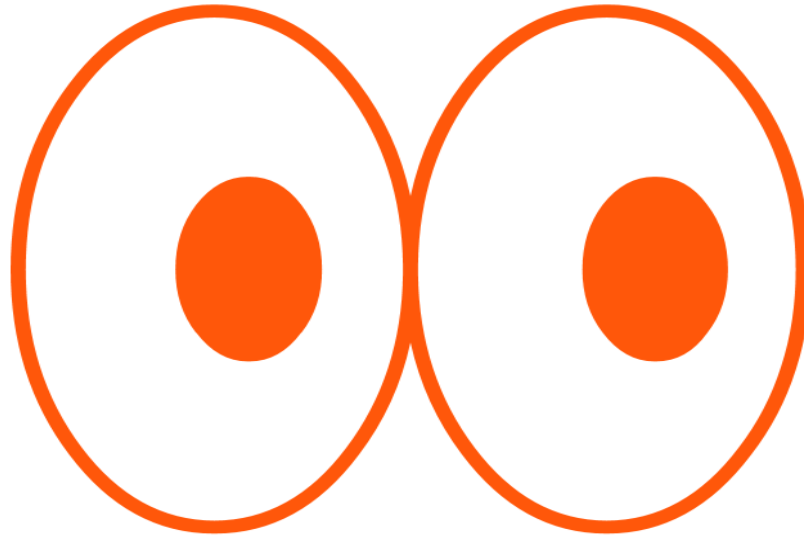


Visual



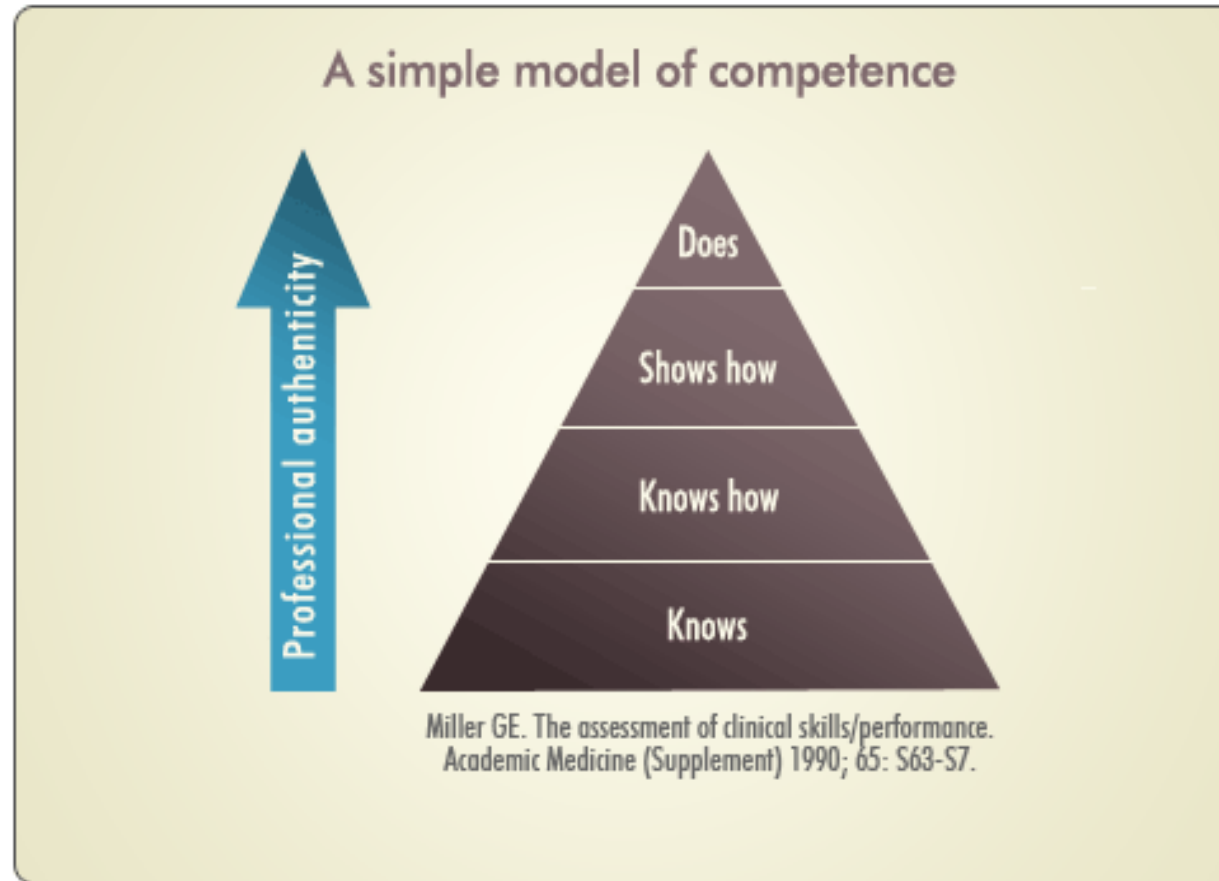
Kinaesthetic

# TRAINEES EXPECTATIONS



**When I see  
I understand**

# MILLER'S PYRAMID



# TEACHING PRACTICAL SKILLS

## PEYTON'S 4-STEP TECHNIQUE

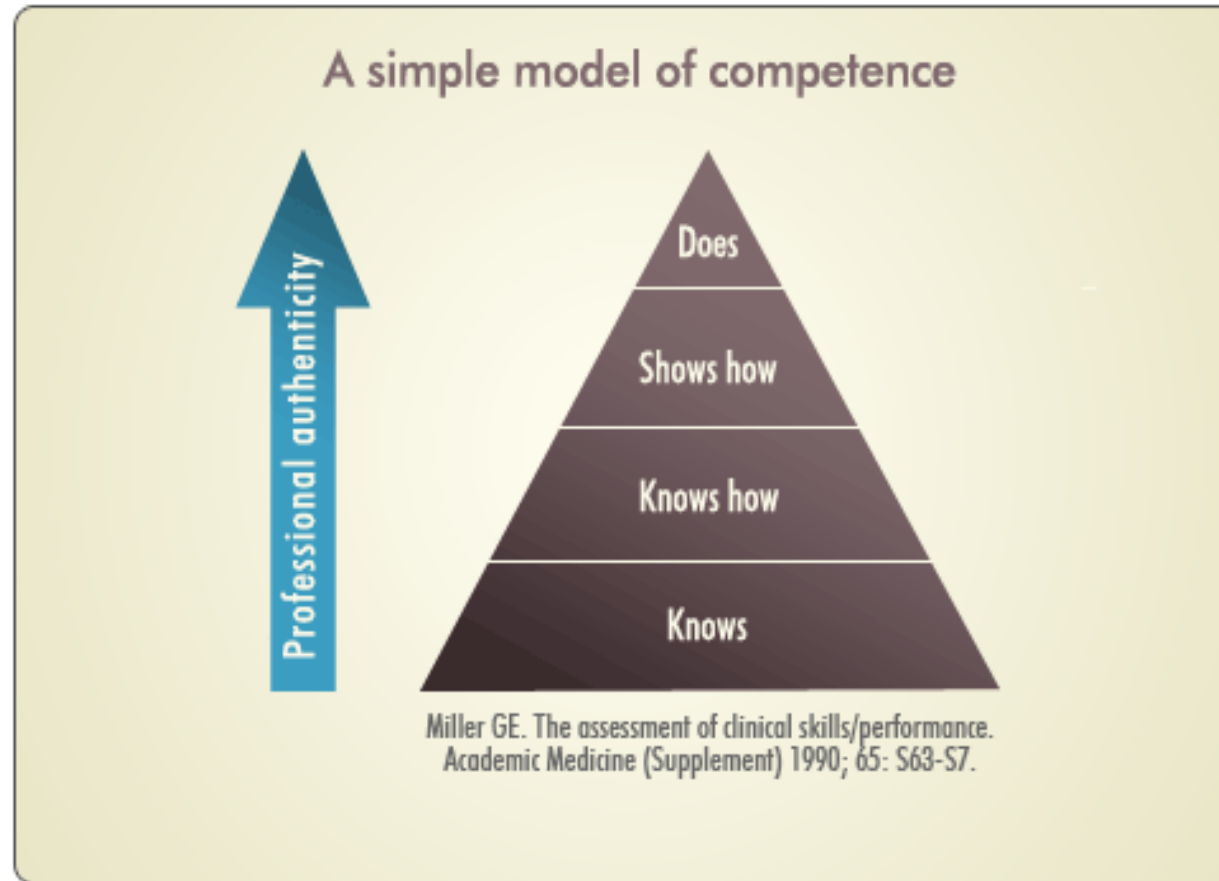
1. Teacher demonstrates the skill at normal speed, with no words (Demonstration)-visual
2. Teacher demonstrates the skill while describing the steps (Deconstruction)- audio
3. Teacher demonstrates the skill while the learner describes the steps (Comprehension)
4. The learner performs the skill while describing the steps (Performance)- k/a



# TEACHING COLPOSCOPY SKILLS

- Have a plan for your teaching
- Adapt your approach to
  1. what you are teaching
  2. who you are teaching
- Use proven approaches
  - e.g. the 4 step approach
  - the 1 minute preceptor
- **BLENDED APPROACHES DELIVERED OVER TIME**

# MILLER'S PYRAMID



# COLPOSCOPY TRAINING

- Colposcopy training is not cutting edge
- UK training highly regulated
- Practical training is delivered mainly in individual units
- Move to more active courses in place of the theoretical
- Learning from other disciplines e.g. laparoscopic training

# SKILLS LAB TRAINING

- Best option for teaching basic practical skills
- Simulation training works
- Simulation training is developing
- Allows safe acquisition of skills with an approach and at a pace to suit the learner without risk to a patient
- You don't need a skills lab

# SETTING THE COLPOSCOPE

- Blended approach
- Some theoretical knowledge will help
- Pre-learning: watch in clinic /online
- Skills lab / clinic scope
- Use simple aids (e.g. tomato, peel)
- Break the task down – build the skill
- Suits a four step approach; can be controlled
- Think it through before you start



# HOW TO LOCALIZE THE SCJ

- Blended approach
- Some theoretical knowledge will help-

*The squamocolumnar junction (**SCJ**) is defined as the junction between the squamous epithelium and the columnar epithelium. Its location on the **cervix** is variable. The **SCJ** is the result of a continuous remodeling process resulting from uterine growth, **cervical** enlargement and hormonal status.*

# HOW TO LOCALIZE THE SCJ

- Some theoretical knowledge will help-

**Defining the Cervical Transformation Zone and Squamocolumnar Junction: Can We Reach a Common Colposcopic and Histologic Definition?**

Reich O, Regauer S, McCluggage WG, Bergeron C, Redman C.

Int J Gynecol Pathol. 2017 Nov;36(6):517-522

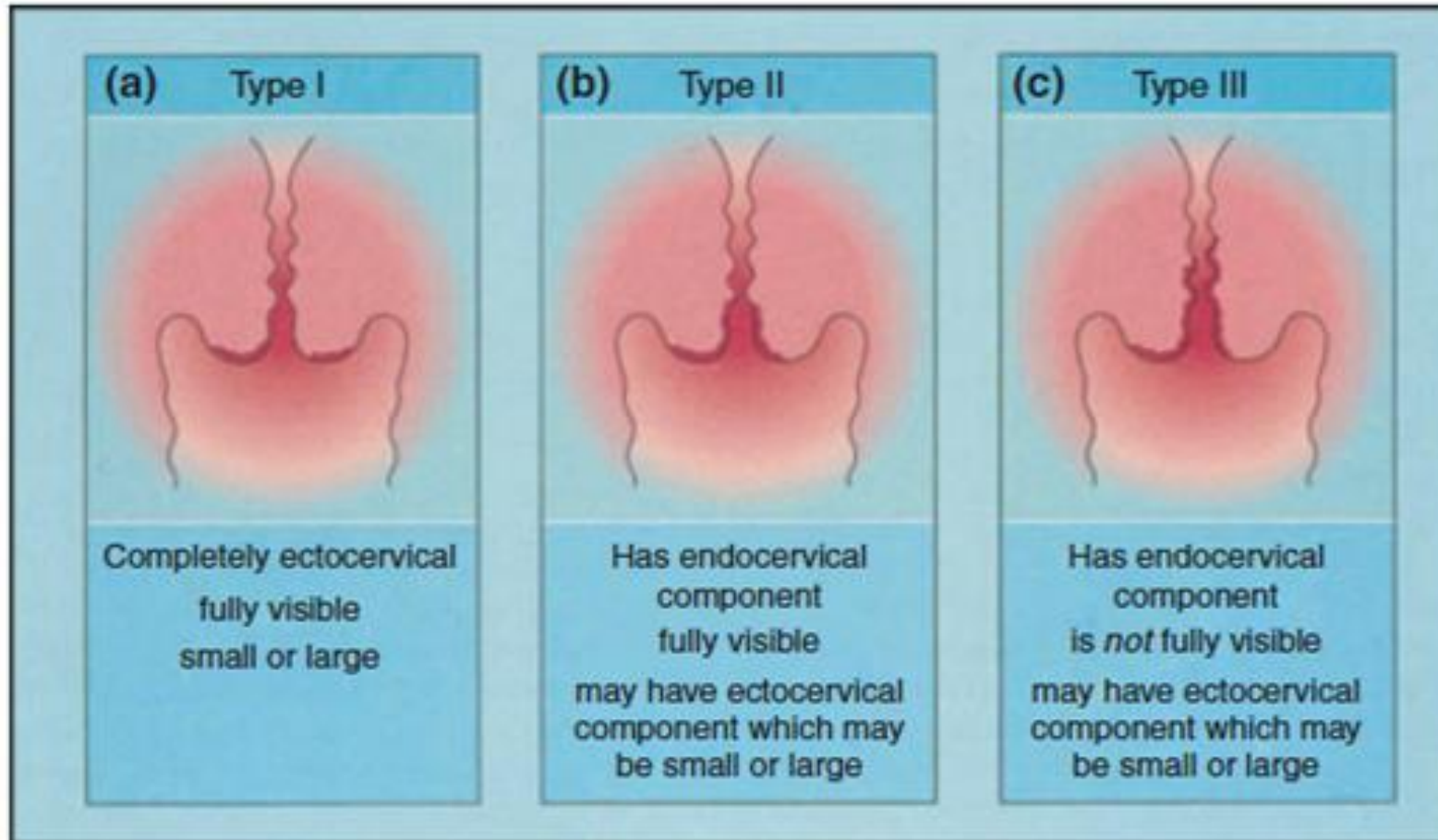
# HOW TO LOCALIZE THE SCJ

- Blended approach
- Some theoretical knowledge will help
- Pre-learning: watch in clinic /online
- Skills lab – of less benefit
- Use simple aids – N/A
- Break the task down – the theory is essential
- Suits a four step approach; but can't be controlled
- Think it through before you start

# IDENTIFY AND CLASSIFY THE TZ

- Blended approach
- Some theoretical knowledge will help
- Pre-learning: watch in clinic /online
- Skills lab – of less benefit
- Use simple aids N/A
- Break the task down – the theory is essential
- Suits a four step approach; but can't be controlled
- Think it through before you start

# IDENTIFY AND CLASSIFY THE TZ





# DO A LLETZ / TREATMENT

- Blended approach
- Some theoretical knowledge will help
- Pre-learning: watch in clinic /online
- Skills lab – new innovations
  - e.g. LLETZLearnSimulator
- Use simple aids – peel etc.
- Break the task down –
- Suits a four step approach; can be controlled
- Think it through before you start

# CONCLUSIONS

- In colposcopy theory supports practice but colposcopy is practical
- Practical skills can be taught better
- It helps the trainer to analyse the skill and plan even within a clinical environment
- There are steps that work in teaching skills
- Use a blended approach
- You can teach the skills but competency is can only be attained by the trainee

