Conferencia Magistral
Teaching and learning how to perform ERCP are complex tasks which involve both manual and cognitive factors. ERCP skills are always taught within an overall training program with teaching of general endoscopy and management of pancreatobiliary diseases. ERCP training should be initiated after initial upper GI and colonic endview endoscopy has been nearly completed.

Currently there are numerous quality ERCP books and teaching videos. These should be read/viewed simultaneously with hands-on training. Attendance at national meetings and endoscopy courses is encouraged. Animal models are desirable but not mandatory in teaching.

Previously, ERCP training was divided into diagnostic and therapeutic. Today with MRCP being almost universally available and EUS becoming more available, there is almost no role for diagnostic ERCP. I currently divide ERCP/sideviewing endoscopy training into four levels.

1. Familiarity with sideviewing endoscopy, so as to be able to better visualize/evaluate the duodenal bulb, descending duodenum, and papillae as part of upper GI endoscopy. No cannulation is done.

2. Same as number one, plus opportunity to attempt brief cannulation (perhaps 5 minutes) on up to 50 patients. This helps trainee understand complexity of ERCP and helps guide decisions on possible further training.

3. More advanced training with adequate case volume to learn biliary cannulation with at least 80% success rate, biliary sphincterotomy, removal of biliary stones less than 1 cm diameter, and biliary stent placement for strictures. This training should include placement of prophylactic pancreatic stents and precutting for difficult cases.

4. Advanced ERCP training to include 300-500 cases, including manometry, minor papilla cannulation, pancreatic stone and pseudocyst management and cholangioscopy. This usually requires a minimum 1 year interval in a large center performing at least 500 cases annually.

Characteristics of a good instructor: (similar to good parenting):

1. Skilled endoscopists.
2. Good communicator.
3. Patience.
4. Positive attitude.
5. Rescue skills for achieving cannulation after trainee failure.
6. Well informed of ERCP literature.

Characteristics of a good training center:

1. Up front disclosure of planned training in advanced endoscopy, including ERCP, double balloon enteroscopy, EUS, mucosectomy, etc.
2. Adequate case volume.
3. Adequate case complexity.
4. Good equipment.
5. Good personnel.
6. Good instructors.
7. Good collaborative team, such as cross-sectional radiology, interventional radiology, pancreatobiliary surgery and transplant surgery. A training program should periodically ask… Are more practitioners skilled in ERCP needed in our geographical area? GI societies should similarly advise as to need for more subspecialist trainees.

Overall, appropriate ERCP training can only be achieved by prolonged daily hands-on effort in centers with high or relatively high case volume. Collaboration with skilled pancreatobiliary surgeons, cross-sectional imaging radiologists, interventional radiologists, pathologists and transplant surgeons round out the training.