

ADVANCED ENDOSCOPY FELLOWSHIP PROGRAM IN GHENT  
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Ever since I began training as a gastroenterologist, I quickly developed a passion and love for all forms of endoscopy. I would watch live procedures across a variety of platforms and be amazed at how the boundary of endoscopic therapy was continuously being pushed. I always hoped to one day acquire these skills and be able to perform some of these procedures.

My lucky break came in October 2019 at the UEGW young GI networking session. It was there that I met Dr David Tate, an interventional endoscopist, who had qualified in the UK and subsequently trained in Australia with Prof Michael Bourke. He then went on to lead the endoscopy department at the University Hospital of Ghent, Belgium (UZ Ghent). Furthermore, Dr Tate co - founded the Ghent International Endoscopy Quality Symposium (GIEQs), a non-profit foundation aimed at improving quality in everyday endoscopy. After a long discussion with David the conversation led to the possibility of undertaking an advanced endoscopy fellowship with him in Belgium. I immediately knew it was the opportunity I had been dreaming about and decided right then to pursue this endeavor whole heartedly.

Unfortunately, my aspirations were quickly dampened by the COVID-19 pandemic. In addition to the pandemic, my frustrations extended to mounds of paperwork to obtain funding, gain recognition as a gastroenterologist in Belgium, register with their health council, obtain the necessary documentation for a long-term visa and secure accommodation. This culminated in a two and half year process during which I was driven to the point of almost giving up many times. Due to the self-funded nature of the fellowship, we had agreed that I would require a minimum training period of 6 months to achieve my goals.

With the support of my department at the Charlotte Maxeke Johannesburg Academic Hospital (CMJAH) and the Gastroenterology Foundation of Sub-Saharan Africa I eventually made my way across to the stunning city of Ghent. After only a few days at UZ Ghent I soon realized that my struggles would be well worth it. David had built an incredibly inspirational endoscopy unit at the hospital. His finesse with the scope and remarkable ability to train earned him a reputation as a true expert in the field. This resulted in him receiving a high number of referrals for complex endoscopic procedures. He would perform several ESD's (oesophageal, gastric and colonic), POEM's (including oesophageal, G- POEM, Z-POEM), large complex EMR's, full thickness resections and radiofrequency ablations every week. I started off my training by observing several procedures and subsequently moved on to assisting their trainees with difficult colonoscopies, performing smaller polypectomies, lesion assessments, Barret's assessments and follow up scar assessments. I then moved on to performing parts of larger more complex EMR's and progressed until I could complete them independently. The more complex procedures like ESD and POEM would be broken down into their various stages/steps. I was afforded the opportunity to perform parts of these individual steps until I could safely complete each step. I was then trained to perform a combination of these steps and eventually reached a stage where I was able to perform the entire procedure.

All procedures performed were recorded and carefully supervised. I gained an appreciation of concepts which I believe greatly improved my endoscopy. Some of these concepts included developing my conscious competence, appreciating the power of deconstruction and realizing the value of competency-based assessments. It was rather daunting performing an EMR knowing the procedure was being recorded. Furthermore, David's goal was to strive for perfection. I still sometimes hear his voice over my shoulder saying, 'Sure, it will probably work if you close the snare in this position but will it be perfect?'. After performing procedures, we would go through the recordings where he would deconstruct the procedure and in doing so assess performance, identify deficiencies, reinforce positives and identify causes of poor outcomes. This was a truly nerve wracking process but I soon appreciated the immense power of this teaching tool, to the point where I looked forward to the deconstruction/debriefing process.

David's passion for driving quality in endoscopy was infectious and I soon developed a passion for teaching. He enabled me to take the role as a trainer and even assessed/deconstructed my ability to train. During my time at the UZ Ghent hospital I was fortunate enough to be involved in various courses held via the GIEQs platform. This included a polypectomy course for trainees, an imaging course for the Association of Coloproctology of Great Britain and Ireland (ACPGBI), a polyp management course for the ACPGBI and even a G-ECHO webinar for our local fellows via Gastroenterology Foundation of SSA. Furthermore, I had the privilege of being part of the international faculty of their annual symposium (GIEQs III). This symposium consisted of a stellar international faculty and included Michael Bourke, John Anderson, Roland Valori, Raf Bisschops and many others - true global leaders in endoscopy. Interacting with the people I had only read about or watched before was truly inspiring.

Although the focus of my training was endoscopic resections (EMR, ESD, POEM, FTR) I would join the EUS/ERCP team at the UZ Ghent Hospital whenever possible. In doing so I was able to gain exposure to diagnostic EUS, therapeutic EUS and endobariatrics. The EUS team performed high volumes of therapeutic EUS including procedures such as pancreatic cyst drainages, gallbladder drainages, rendezvous techniques, choledochoduodenostomy, hepaticogastrostomy, gastro-gastrostomy, gastrojejunostomy and endoscopic sleeve gastrectomy.

My time at the UZ Ghent Hospital was a truly life changing experience. It opened my mind to a number of possibilities and inspired me to keep pushing boundaries. I am truly grateful and blessed to have been given the opportunity to do what I love most, endoscopy. This would certainly have not been possible without the support and mentorship of my seniors back home (the entire gastroenterology department of CMJAH especially Prof Adam Mahomed and Dr Neo Seabi) as well as the ongoing support of Prof Chris Kassianides through the Gastroenterology Foundation of SSA.