

ENGLISH VERSION

All around the world fine and subtle general or specialized practitioners, without a formal training, are invited to instruct residents, fellows or students. They become, some times without even noticing, teachers or masters of the new generations.

Isn't it just like becoming parents?

In other words: what does it mean teaching or educating our children? Is it letting them copying us, emulating us? To keep them under our capabilities in order not to offend us? Or is it giving them the basic tools to let them develop on the areas they choose themselves, and rise from that point to the level their own merits allow them? Shouldn't then our attitude as parents be giving them the best way to exceed us?

Medical education implies ethical issues as allowing people in training to take part on interventions on patients. So being learners which should at the same time be qualified by their skills and knowledge. And also keep our patients safe. Which should the curriculum be, how should we evaluate them, credit them, license them?

Airlines Pilots "drive" their planes assisted by a qualified partner, who learns while he also controls. And if he should take over, his commander can always correct him by means of duplicate controls. Both must train themselves at regular periods at simulators to certify their skills, abilities and knowledge. A mistake implies the possibility of losing their own lives, and the lives of their "patients" –in this case air travelers-. This situation obliges to a long checking list before take off and a close surveillance from the Air Transport Authority.

Our decisions as Gastroenterologists defining an aggressive therapy with potential side effects while treating a disease that endangers the life of a patient, or conducting an endoscopic treatment which implies morbidity and mortality puts us in a similar level of the one described by pilots. The main difference is which life is in danger: not ours in our case.

Some concerning issues arise at this point: How do we define with Evidence Based Medicine Criteria our therapeutic decisions? How do we teach skills and dexterity: practicing on patients or with simulators? How do we define ethical limits? How do we organize this kind of teaching? How do we better evaluate a publication in order to protect our patients from conclusions supported from poorly designed papers? What does it mean Professionalism? How can we improve our information web search? And our presentations? Which one is the best way for credentialing or certificate our colleagues? Who should do it? Which is the fastest way of effective adult teaching?

Being a teacher or instructor is a journey more than a destination. Interaction between learner and teacher is a two way relationship that educates both. And one of the

main conclusions we learn at TTT is that you learn more effectively when you teach or interact with the learner than attending a conference*.

The essence of TTT is not assisting to lectures. At the lectures basic information is given on order to have the basic knowledge defined. And that allows the interactive sub randomly and biased defined groups to work in such an effective way. And to make in such little time an organized report back to the general group.

This interaction, and the posterior evaluation of each presentation, is where **a magic group communication and interrelation is born**. Both in the smaller and bigger groups. And it undoubtedly exceeds the usual level of our scientific meetings.

Where is the difference? An emotional bond is born in each group stressed by the imposed task of delivering in such little time a serious report to the general group. And the need of quickly organize who coordinates the ideas, who takes notes, writes, and presents the lecture. Along 4 intense days a group of previously unknown individualities, many with profound knowledge in certain areas discover some of the more transcendent tools to learn and teach. That result to be both sides of the same coin.

There is a language challenge having to interact with many only English spoken participants (in this TTT 21 of them). It adds value to the course in my personal view. It could be discussed if WGO is right making participants from all over the world to struggle using a non maternal language. In a world where English is our common scientific language we have to decide if we want to fight this situation or to overcome it and be able to use English as our second language. And learn and train ourselves to use it as a positive communication tool..... It's a matter of opinion and judgment.

My personal view after assisting to Punta del Este TTT on 2005 was that this valuable experience should be shared by as many other fellow gastroenterologists, hepatologists o surgeons related to our societies as possible. Our people devoted to educate the next generation of Gastroenterologists and related activities deserves and needs all the possible support to make them the best educators, teachers and trainers possible. Our duty as Gastroenterology Society is to focus on these issues. Who will take them on charge if not? Who will we blame? We know our Universities struggle with pre med problems, and many times leave this matters unsolved.

Some special thanking remarks are unavoidable for what has been an outstanding learning, educative and life experience for our delegation.

First of all for those that by assisting showed an enormous interest and commitment: they payed their air tickets and the fixed cost, huge in proportion to what our local Community pays a medical consultation.

Roque Sáenz accepted to share the credit with Argentina when to be honest on his shoulders relied most of the logistics of a very complex organization. Fernando Fluxá, President of the Chilean Society of Gastroenterolgy helped him a lot backing up the

financial risks, and also participating. I'm sure he has no regrets. Our Chilean participants were really like brothers while sharing the experience.

WGO accepted a new way of organizing a TTT in very different conditions from previous ones. Local participants came from his homes, with all the trouble working matters implied when a so busy and dense activity interferes with your local work. The rest of us had to go from the Hotel Director to Clínica Alemana, where a WGO Training Center already existed, and where the meetings took place. Drs. Quigley, Bizos, Wallace & Cohen, assisted by the facilitators (Moretzsohn, Foxx-Orenstein, Navarro & myself) did what I think was a fantastic job. The first two had to replace Dr. Tooulie at the very last minute. Jim had to return immediately home affected by a medical condition. We wish he is OK now.

Dr. Luis Viola gave the essential support from SAGE just a minute after he begun his Presidential period on last December. He had the conviction that as a Society we could not waste the possibility of participate in such a relevant activity designed by our International Mother Society (WGO). And thus promoted the Chile Argentina TTT 09 with the risk it had not the assured relevance or quality. And the potential critiquing. I understand he had to solve the question of why should we be part of WGO if we don't share its initiatives and stand out in the International community it represents.

FAGE made its part promoting the presence of some of its affiliates and sharing common ideas with SAGE.

Last but not least the exhausting effort made by Edgardo Smecuol. Edgardo not only pushed tirelessly the event but gave all kind of solutions. He promoted the TTT relentlessly. And even with some last minute defections which had allowed him to assist not showing or putting on evidence any kind of incorrections decided to be and look correct and ethical. Any kind of later explanations wouldn't have hidden that the General Secretary of SAGE in charge had assisted the TTT. And put on focus the impartiality in selecting the participants. Even though his interest in participating was huge he stepped back. It really stands out that in an historical time in which so many people suddenly change their opinion or political position following personal interests, someone affects his own personal interest in order to do something objectively correct.

From the beginning of TTTs 7 SAGE members had assisted along 7 years. At this TTT we allowed 12 members to assist to a unique educative experience that I believe will be a hinge or turning point in their teaching lives. In the worst case scenario if they'd quit teaching it will be for sure a valuable personal and unforgettable experience.

To those within our society interested in teaching I recommend being aware to the next TTTs! To those who are not, I suggest them to promote the assistance of their staff members in charge of teaching at their units

Lastly I thank all them who supported this Project. And I also thank those who opposed –by action or inaction-. These also allowed to give more sense and meaning to the struggle to get it done.

David Zagalsky
Director for Argentina of the TTT Chile Argentina 2009

- **Contents of the TTT ar property of WGO**
- **Best practices in Surgical Education. The training of Registrars and Residents. Edited by Phyllis D. Saltzman, PhD.2008 “A valuable gift by Damon Bizo”**