

Conversations With Women in GI: Amy Oxentenکو, MD, FAcG, on Medical Education

By Jill Gaidos, MD, FAcG

Taking a few minutes between the Postgraduate Course and our panel discussion on Career Opportunities for Women in GI, at ACG 2015, Dr. Amy Oxentenکو and I sit down to talk at the Hawaii Convention Center. Warm, tropical air occasionally blows through as we talk.

JG: You are involved in many levels of medical education, from your role as Co-Director of the Mayo GI Board Review Course and Co-Editor of the *Mayo Clinic Gastroenterology and Hepatology Board Review* book; former Associate Program Director for the Mayo GI Fellowship Program and the IM Residency Program; former Program Director for the Mayo GI Fellowship; current Program Director for the Mayo IM Residency Program; writing content for the GI section of MKSAP 14 and 15, and serving as GI Book Editor for MKSAP 16 and 17; GI content writer for the IM In-Training Examination; as well as teaching your colleagues as part of the ACG and World Gastroenterology Organisation (WGO) Train-the-Trainers (TTT) courses. What sparked your interest in medical education?

AO: I initially became interested in a career in medical education while doing my chief medical residency year. In our residency program, the chief residency role felt akin to a Master's in medical education administration. We didn't spend any time creating schedules, like many chief residents do. We created curricula, developed new rotational experiences, served on institutional education committees, prepared for a site visit, designed educational studies, etc. We dealt with many more of the administrative aspects of running a program rather than simply clerical tasks. That is what sparked my interest. Once I started GI fellowship training, I knew that medical education

couldn't be the sole focus of my research. I spent about half of my time doing traditional clinical research in celiac disease and colorectal cancer, but I also made sure to maintain some projects that were education-based to prove credibility in the educational community.

I first got involved with MKSAP during fellowship, and I feel very fortunate for that opportunity. At that time, one of my mentors, Dr. Joseph Kolars, asked me if I wanted to get involved with MKSAP. Joe was on faculty at Mayo in GI and had just taken on the role of the IM Program Director at Mayo. MKSAP had never allowed a fellow to write content or questions for them, so he had to get special permission to allow me to do so. From my second year of fellowship until the current day, I have continued to be involved with writing content and questions for MKSAP, which opened up other educational opportunities for me later on. I recall thinking how my goal was to be like Joe: IM Program Director and GI Book Editor for MKSAP. Little did I know at the time that I would get to do both in the first 10 years of my faculty role. When I was later asked to be the GI Book Editor for the GI MKSAP book, I insisted that I be able to bring a fellow on the writing committee for that book, as Joe had done for me. The staff at ACP joked with me that I had created the "Oxentenکو Faculty Development Program" with MKSAP. It was great to be able to give that opportunity to another fellow.

When I started on faculty, I was asked to be the Associate Program Director (APD)

for the GI Fellowship program, and within a year of that, I was also asked to be an APD for the IM Residency Program. So for four years, I was in this unique situation where I was an APD for both programs. When I took over as the GI Fellowship Program Director, I had to give up my role as an APD within the IM program because it was too difficult to do both. I had learned a lot of things from that role that I was able to model in the GI training program, which was really exciting.

Then the opportunity arose to be the Program Director for the IM Residency Program. I hadn't really anticipated taking this on as soon as I did in my career, but I felt like it was a great opportunity, and I didn't know if that opportunity would come again. So I decided to go for it. People have asked why I did that—why I would step out of GI education leadership into IM education leadership. I just felt like so many of the innovative and exciting things in medical education were first happening at the level of the core programs. IM programs were the ones that first studied how to evaluate in the setting of competencies. Then they were the ones that had to figure out what to do with the milestones. I noted how the subspecialists often took note and then modeled behavior after the core programs. I just wanted to be on the forefront of educational innovation

Photos, from left:
Amy Oxentenکو, MD, FAcG;
Jill Gaidos, MD, FAcG



and not a follower, knowing that things I did at the residency level could have a bigger impact.

JG: How does your approach to teaching differ when teaching residents vs fellows, vs other attendings?

AO: It comes down to understanding the learner level. I feel comfortable teaching at all levels, because early in my career, I was involved in teaching at all of those levels. I taught during our second year GI block for the medical school; I rotated on the resident GI hospital service; I taught GI fellows in endoscopy, the clinics and the hospital; I was heavily involved in CME. I think many people in education have a foothold at many learner levels early on, and ultimately they become more involved with one level of education versus another. You follow your interests and go where opportunities arise. You are able to appreciate the differences in the learner level even more by having taught at each of those levels. Later on, when you narrow down your focus to one area, you have a better idea of expectations at that level compared to the others.

JG: You wrote a wonderful article about direct trainee observation of physician-patient interaction and communication in fellowship training (Grover M, Drossman DA, Oxentenko AS. *Gastroenterology*. 2013;144:1330-1334). In what other areas of fellowship training do fellows need more observation and feedback?

AO: We have all been aware of the importance of observing fellows in the endoscopy suite, but I think there is so much that goes on in the clinical environment with trainees that we aren't really aware of, because we often fail to see what is going on behind closed doors. You can see what the fellow would do right in front of you, but you don't know what they are doing when you aren't there. We started to incorporate observation into our GI and IM trainee clinics far before the rollout of the ACGME milestone

requirements, which really are based on an observation-type system of evaluation. If you are not observing people doing their day-to-day activities, such as communicating with patients, I don't know how you can evaluate a trainee in the setting of the milestones.

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Certainly, because of time constraints, we can't be in every patient exam room with every trainee for all encounters, but at our institution, we added observation cameras in all of our GI fellowship and IM resident continuity clinics. For our residency, we may have one faculty member who is in charge of observing clinic for the day, and on a multi-panel device, they can toggle between any exam room that a trainee is in to observe, with added observation for those trainees who have had struggles. When we first started doing this in the fellowship program, I was a little bit surprised to see what happened behind closed doors. Sometimes it is subtle, like a trainee staring at the computer screen the whole time rather than looking at the patient, or asking the patient the same question, because they were not really listening. It was shocking to see trainees do an entire exam without having the patient take off their clothes. It shows that we have a long way to go in teaching some of those fundamental skills. Trainees

have the medical knowledge, but we can teach them the art of medicine through observation and feedback.

JG: When the residents and fellows are observed in clinic, do they get immediate feedback on their patient interactions?

AO: The nice thing is that you have just observed the history and/or exam, so you have to spend less time, if any, having them reiterate that because you just heard it. People seem to worry that observation is going to take more time. It actually can take less time because you can use the time given to provide feedback instead of rehashing the history. The staff can ask, "What went well with that encounter? What could you do differently? Here are some things that I saw that are really important for you to think about." It's shocking to see things through observation when they know we are watching, so it makes you wonder what happens when we are not!

JG: How did you become involved in the Train-the-Trainers course?

AO: A number of years ago, Dr. Larry Schiller asked Dr. Jack Di Palma and I if we would put on a faculty development program down in Texas with him. So the three of us went to Texas and put on a brief faculty development course at Baylor. One of Larry's goals for the ACG was to develop a "Train-the-Trainers" program in the U.S., modeled after the long-standing WGO TTT program. ACG is a member of the WGO, and has provided faculty and attendees to the WGO TTT program, but I think Larry wanted to develop a similar program within the United States to train associate program directors, program directors, and junior faculty, and to provide them targeted faculty development skills. Shortly after our Baylor faculty development weekend, Larry asked Jack and I if we would develop a first ever American College of Gastroenterology (ACG) Train-the-Trainers USA (TTT-USA) program, and we did exactly that, and it was a huge success.

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That is how the first TTT-USA came about. Ironically, I helped put that first ACG TTT-USA program together without ever having attended a WGO TTT course. After that first course though, the ACG asked me if I would be a participant in the WGO TTT course in Portugal. After the Portugal course, it gave me some additional ideas for the next ACG TTT-USA course, which

JG: Are you going to be at the WGO Train-the-Trainers course in Turkey this spring?

AO: I would love to go, but when asked to return as faculty for that course, I saw that it was scheduled during my kids' spring break in April. Our time off together as a family is so important and sacred, and I do not want my kids to think I prioritize work over them.

my papers, work on talks, etc. I maximize my time when at meetings or while traveling, and get a lot of work done then. I think parents also need to find a balance. We don't have our kids signed up for every single activity. We set limits on activities so we have time together as a family. I am also not ashamed to admit that I have hired great help. We have a fantastic nanny whom we have had for over eight years, and a marvelous cleaning lady whom we have had for 17 years. It is not just about hiring help, but it is about treating them well and making them feel valued. You can't do it all yourself.

JG: How do you stay healthy?

AO: I have always been active, having run track and cross-country through my college years. Running is great, as you can do it anywhere, and all you need is a good pair of shoes. It does get harder to find time to build that in, but we try and do more activities as a family to stay healthy now that our kids are older. We go on bike rides, play tennis together, rollerblade and run. I took my three kids to a 5K race a few weekends ago, and my 13-year-old son wanted to cross the finish line before me so that he could say he "beat his mom." I know it is important to look cool at that age, so I let him win! We do those things as a family so it's not just me fulfilling some goal of mine. I would love to be able to train for a marathon, but realistically, that is too much time away from my family in order to train, so it's just not in my cards right now. It is on my bucket list though. There will be plenty of time when the kids don't think it is cool to hang out with mom anymore or when they are off to college. This past year, when I could not run for six months due to recovery from an orthopedic surgery, I purchased an elliptical machine that fits under my desk at work, allowing me to get steps in when sitting at a chair in front of my computer. Everyone needs one of these. It makes email and clerical work tolerable. [ACG](#)

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I co-directed with Ron Szyjowski. We targeted that course to junior faculty at academic centers who were on faculty less than five years. Subsequent to that, I served as a faculty member for the next two WGO TTT courses in Cape Town, South Africa and Taipei, Taiwan. The WGO recently asked me to be the Vice Chair for their Train-the-Trainers program, working with Dr. Damon Bizos, who will be overseeing the program.

JG: Is the ACG going to host another Train-the-Trainers program in the U.S.?

AO: Yes, the next ACG TTT-USA will take place in 2016. I don't know all the details, as the ACG is rotating the faculty who direct that course, maintaining one co-director from the previous course, and bringing in someone new. It is an opportunity for another faculty to co-direct the course with Ron Szyjowski. I am sure it will be great.

JG: With a physician husband and three children (ages 13, 11 and 9), how do you continue your academic success in the face of increasing career responsibility while also managing a household?

AO: First of all, I am very good at delegating tasks. If there is someone else who can do a task other than me, I have no problem delegating those things, which allows me to concentrate efforts on things requiring my skills. I am also an extreme multi-tasker. I worked three jobs in college to help pay my tuition, meanwhile playing year-round collegiate sports. It taught me multitasking, which serves me well today. I have also stood strong to the promise of not doing work at home when my kids are awake and wanting my attention. That gets more challenging now that my kids are older and they stay up later, but I tend to be a night owl, which works well. I stay up for another few hours after they go to bed, and that's when I get my question writing done, write