

Supplementary Text

Competency-Assessment Tool and Grading Protocol

For ERCP, relevant technical end points included ability to perform deep cannulation of the desired duct, sphincterotomy, stone clearance, stent insertion, and advanced cannulation techniques (double-wire technique, placement of pancreatic duct, precut sphincterotomy). Examples of cognitive end points included demonstration of clear understanding of indication, appropriate use of fluoroscopy, and logical plan that was based on cholangiogram/pancreatogram findings.

For EUS, technical aspects included clear identification of important landmarks at various EUS stations and performance of FNA. Cognitive aspects included identification of lesion of interest, appropriate TNM (tumor, node, metastases) stage, and appropriate differential diagnosis and management plan.

Comprehensive Data Collection and Reporting System

This centralized database was stored at the University of Colorado's instance of REDCap (Research Electronic Data Capture, Vanderbilt University, Nashville, TN) that resided on a local secure server. Data regarding grading of EUS and ERCP exams were entered by research coordinators at all participating centers into the REDCap database. By using a combination of an Application Programming Interface, REDCap, and SAS (v.9.3; SAS Institute, Cary, NC), graphic representations of overall and individual end point learning curves were generated by using CUSUM on demand. Access to these data was controlled by a custom module that determined authentication and role-based levels of access.

Statistical Analysis

By continuously studying the control charts, the performance of each individual trainee was compared with a predetermined standard, allowing for the detection of negative trends and enabling earlier feedback (which consisted of either re-training or continued observation) This approach to assess competence has been widely described in healthcare and specifically in the field of endoscopic procedure learning (upper endoscopy, colonoscopy, EUS, ERCP, and advanced imaging techniques).¹⁻¹¹ Bolsin and Colson¹¹ published a summary of CUSUM analysis, which is summarized as follows. Successful procedures are given a score of s , and failed procedures are given a score of $1 - s$. These values are based on pre-specified acceptable failure rates (p_0 , level of inherent error if procedures are performed competently) and unacceptable failures rates (p_1 , where

p_1-p_0 represents the maximum acceptable level of human error). For this study, we used $p_0 = 0.1$ and $p_1 = 0.3$. CUSUM scores were then calculated by using the following formulas: $P = 1n(p_1/p_0)$; $Q = 1n[(1-p_1)/(1-p_0)]$; and $s = Q/(P+Q) = 0.15$, and $1 - s = 0.85$. The CUSUM curve was created by plotting the cumulative sum after each case against the index number of that case, and C_n is the sum of all individual outcome scores. The CUSUM graph was designed to signal when C_n crosses predetermined limits. These limits are displayed as horizontal lines of the graph and calculated on the basis of the risk for type I (α) and type II (β) error, which was set at 0.1 for this analysis. The formulae for H_0 and H_1 are as follows: $H_1 = a / (P+Q)$ and $H_0 = -b / (P+Q)$, where $a = 1n[(1 - \beta)/\alpha]$ and $b = 1n[(1 - \alpha)/\beta]$. If the CUSUM plot fell below the acceptable line, the performance was acceptable with the predetermined type II error; if the CUSUM plot rose above the unacceptable line, the performance was considered unacceptable; if the plot stayed between the 2 boundary lines, no conclusion could be drawn, and further training was recommended.

The strength of rater agreement was categorized by using criteria proposed by Landis and Koch¹²: 0.00–0.20, slight; 0.21–0.40, fair; 0.41–0.60, moderate; 0.61–0.80, substantial; 0.81–1.00, almost perfect.

Results

Sensitivity Analyses

A smaller proportion of AETs achieved competence in the overall technical and cognitive aspects of EUS and ERCP and individual end points. Similar results were noted when learning curves were analyzed by using a more stringent acceptable failure rate of 5% and unacceptable failure rates of 10%–20% (data not shown).

Discussion

Approximately 50% of AETs planned to practice at academic medical centers. This appears to be in line with results from a recent study surveying recent advanced endoscopy fellowship graduates, which found that slightly more than half were in academic practices. With regard to ERCP volume, 39% of those in private practice and 65% of those in academic practice were performing >200 ERCPs/year. This study also found that there was a strong perception that the job market was saturated for AETs, with most programs having difficulty placing their AETs in advanced endoscopy positions.¹³ This raises into question the potential lack of career options for AETs, the ability to attain the volume of cases needed in the first year to grow skills, and whether there are currently too many advanced endoscopy training programs.

References

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The EUS and ERCP Skills Assessment Tool (TEESAT)

Institution: _____ Assigned Code: _____

Advanced Endoscopy Trainee Baseline Questionnaire

1. **When and where** did you complete your general GI fellowship?

2. Did you receive any formal training on the cognitive aspects for EUS?

yes no

If yes, **please elaborate:**

Lectures Consult Service Clinic Conferences

3. Did you perform any EUS exams with **hands on** experience during your general GI fellowship?

yes no

If yes, **how many** EUS exams did you perform during your general GI fellowship?

4. Did you receive any formal training on the cognitive aspects for ERCP?

yes no

If yes, **please elaborate:**

Lectures Consult Service Clinic Conferences

5. Did you perform any ERCP exams with **hands on** experience during your general GI fellowship?

yes no

If yes, **how many** ERCP exams did you perform during your general GI fellowship?

**Supplementary
Figure 1.** Baseline
questionnaire.

Post Study Assessment

Advanced Endoscopy Fellowship Year:

1. How many EUS procedures did you perform during your fellowship? _____
2. How many ERCP procedures did you perform during your fellowship? _____
3. I feel comfortable with independently performing ERCP at the end of my advanced endoscopy training (please circle an answer below)

strongly agree tend to agree neutral tend to disagree strongly disagree

 - a. How comfortable do you feel with performing sphincterotomy?

strongly agree tend to agree neutral tend to disagree strongly disagree
 - b. How comfortable do you feel with stone clearance (<1cm)?

strongly agree tend to agree neutral tend to disagree strongly disagree
 - c. How comfortable do you feel with placement of biliary stents?

strongly agree tend to agree neutral tend to disagree strongly disagree
 - d. How comfortable do you feel with placement of pancreatic stents?

strongly agree tend to agree neutral tend to disagree strongly disagree
4. I feel comfortable with independently performing EUS as the end of my advanced endoscopy training (please circle an answer below)

strongly agree tend to agree neutral tend to disagree strongly disagree

 - a. How comfortable do you feel in performing EUS-FNA?

strongly agree tend to agree neutral tend to disagree strongly disagree
 - b. How comfortable do you feel in performing CPB/CPN?

strongly agree tend to agree neutral tend to disagree strongly disagree
 - c. How comfortable do you feel in placement of fiducials?

strongly agree tend to agree neutral tend to disagree strongly disagree
5. Did the learning curves provided by this study enhance your advanced endoscopy fellowship (please circle an answer below)?

strongly agree tend to agree neutral tend to disagree strongly disagree

Comments:

First Year of Independent Practice:

1. What type of environment will you be practicing in (circle one)?
 - a. Academic
 - b. Private
 - c. Combination of academic and private practice
2. Will you be joining a practice with a senior partner who performs high volume ERCP and/or EUS?

Yes or No
3. What % of your job will be "advanced" endoscopy?

0%, 1-25%, 26-50%, 51-75%, >75%
4. How many EUS procedures do you estimate you will perform in the first year of independent practice?

5. How many ERCP procedures do you estimate you will perform in the first year of independent practice?

Supplementary Figure 2. Post-study questionnaire.

The EUS and ERCP Skills Assessment Tool (TEESAT)

EUS

Assigned Code: _____

Indication for EUS (mark all that apply):

- Radial Linear
- Panc Mass Biliary dilation Abdominal/Mediastinal lymphadenopathy Possible subepithelial lesion
- Panc Cyst PD Dilation Luminal GI cancer Mediastinal mass
- Abdominal pain Other: _____

EUS: Technical Aspects:

1 (superior) = achieves without instruction 2 (advanced) = achieves with minimal verbal cues
 3 (intermediate) = achieves with multiple verbal cues or hands on assistance 4 (novice) = unable to complete
 N/T = not attempted N/A = not applicable

Intubation	1	2	3	4	N/T	N/A
AP window	1	2	3	4	N/T	N/A
Body of pancreas	1	2	3	4	N/T	N/A
Tail of pancreas	1	2	3	4	N/T	N/A
Head/neck of pancreas	1	2	3	4	N/T	N/A
Uncinate	1	2	3	4	N/T	N/A
Ampulla	1	2	3	4	N/T	N/A
Gallbladder	1	2	3	4	N/T	N/A
CBD/CHD	1	2	3	4	N/T	N/A
Portosplenic confluence	1	2	3	4	N/T	N/A
Celiac axis	1	2	3	4	N/T	N/A
Achieve FNA	1	2	3	4	N/T	N/A
Achieve celiac plexus block/ neurolysis	1	2	3	4	N/T	N/A

EUS: Cognitive Aspects

Identify lesion of interest or appropriately ruled out	1	2	3	4	N/T	N/A
Appropriate TNM stage	1	2	3	4	N/T	N/A
Characterize subepithelial lesion (wall layers)	1	2	3	4	N/T	N/A
Appropriate differential diagnosis	1	2	3	4	N/T	N/A
Appropriate management plan (FNA, refer to surgery, surveillance or no surveillance)	1	2	3	4	N/T	N/A

The EUS and ERCP Skills Assessment Tool (TEESAT)

Overall Assessment:

Overall Assessment (subjective)									
1	2	3	4	5	6	7	8	9	10
Below average for level of training			Average for level of training			Above average for level of training			Superior for level of training

Immediate Post-Procedure Complications:

Procedure done in ambulatory setting? Yes No

Patient admitted post-procedure? Yes No

- If yes,
- Pain requiring hospitalization
 - Pancreatitis
 - Mild Moderate Severe
 - Bleeding
 - Immediate Delayed
 - Perforation
 - Cardiopulmonary complications
 - Mortality
 - Other: _____

Supplementary Figure 3. The EUS and ERCP Skills Assessment Tool (TEESAT).

The EUS and ERCP Skills Assessment Tool (TEESAT)

ERCP

Assigned Code: _____

Indication for ERCP (mark all that apply):

Biliary:

- Stent removal/change
- Suspected/established CBD stones
- Post-transplant stricture
- Stricture
 - Benign Malignant Indeterminate
 - Bismuth I Bismuth II Bismuth III Bismuth IV
- Bile leak
- Cholangioscopy
- Suspected sphincter of Oddi dysfunction
- Other: _____

Pancreatic:

- Stricture
- Leak/fistula
- Recurrent acute pancreatitis
- Stent removal/change
- Suspected SOD
- Stone
- Minor papilla endotherapy
- Pancreatoscopy
- Other: _____

FAILED ERCP from outside center? Yes No

If yes, Biliary Pancreatic

ASGE ERCP Degree of Difficulty Grade:

Biliary:

Grade 1 <input type="checkbox"/> Diagnostic cholangiogram <input type="checkbox"/> Biliary brush cytology <input type="checkbox"/> Standard sphincterotomy <input type="checkbox"/> +/- removal of stones < 10mm <input type="checkbox"/> Stricture dilation/stent for benign extrahepatic stricture or bile leak	Grade 2 <input type="checkbox"/> Diagnostic cholangiogram with BII anatomy <input type="checkbox"/> Removal of CBD stones >10mm <input type="checkbox"/> Stricture dilation/stent for hilar tumors or benign intrahepatic stricture or bile leak	Grade 3 <input type="checkbox"/> SOM <input type="checkbox"/> Cholangioscopy <input type="checkbox"/> Any therapy altered anatomy <input type="checkbox"/> Removal of intrahepatic stones with lithotripsy
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Pancreatic:

Grade 1 <input type="checkbox"/> Diagnostic pancreatogram <input type="checkbox"/> Pancreatic cytology	Grade 2 <input type="checkbox"/> Diagnostic pancreatogram with BII anatomy <input type="checkbox"/> Minor papilla cannulation	Grade 3 <input type="checkbox"/> SOM <input type="checkbox"/> Pancreatoscopy <input type="checkbox"/> Any therapy altered anatomy <input type="checkbox"/> All pancreatic therapy including pseudocyst drainage
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Maneuvers (ALL ERCPs):

1 (superior) = achieves without instruction **2 (advanced)** = achieves with minimal verbal cues
3 (intermediate) = achieves with multiple verbal cues or hands on assistance **4 (novice)** = unable to complete
N/T = not attempted **N/A** = not applicable

Intubation	1	2	3	4	N/T	N/A
Achieving the short position	1	2	3	4	N/T	N/A
Identifying the papilla	1	2	3	4	N/T	N/A

Native papilla?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Prior biliary sphincterotomy?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Prior pancreatic sphincterotomy?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Supplementary Figure 3. Continued

The EUS and ERCP Skills Assessment Tool (TEESAT)

BILIARY ERCP

Technical Aspects

1(**superior**) =achieves without instruction 2(**advanced**) =achieves with minimal verbal cues
 3(**intermediate**) = achieves with multiple verbal cues or hands on assistance 4 (**novice**) =unable to complete
 N/T= not attempted N/A= not applicable

Stent removal	1	2	3	4	N/T	N/A
Cannulation- Contrast visualization of bile duct	1	2	3	4	N/T	N/A
Inadvertent cannulation of pancreatic duct	<input type="checkbox"/> yes <input type="checkbox"/> no					
Sphincterotomy	<input type="checkbox"/> yes <input type="checkbox"/> no					
<u>If yes</u>	1	2	3	4	N/T	N/A
Wire placement in desired (biliary) duct?	<input type="checkbox"/> yes <input type="checkbox"/> no					
<u>If yes</u>	1	2	3	4	N/T	N/A
Double-wire used to cannulate bile duct	<input type="checkbox"/> yes <input type="checkbox"/> no					
Wire placed in pancreatic duct?	1	2	3	4	N/T	N/A
Cannulation of CBD achieved?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Cannulation of CBD?	1	2	3	4	N/T	N/A
PD stent placed to facilitate BD cannulation?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Wire placed in PD?	1	2	3	4	N/T	N/A
PD stent placement?	1	2	3	4	N/T	N/A
Cannulation of CBD achieved?	<input type="checkbox"/> yes <input type="checkbox"/> no					
Cannulation of CBD?	1	2	3	4	N/T	N/A
Pre-cut sphincterotomy?	1	2	3	4	N/T	N/A

Time to attempt cannulation of first duct of interest for trainee (To start when cannulating device out of duodenoscope)? _____ (in minutes)

If trainee cannulation failed, did supervisor succeed? yes no

Time for attending to achieve cannulation? _____ (in minutes)

Technique used to achieve cannulation?

Regular cannulation Double-wire PD Stent placement Pre-cut sphincteromy

Balloon sweep	1	2	3	4	N/T	N/A
Use of basket	1	2	3	4	N/T	N/A
Mechanical lithotripsy	1	2	3	4	N/T	N/A
Stone clearance	1	2	3	4	N/T	N/A
Stricture dilation	1	2	3	4	N/T	N/A
Stent insertion	1	2	3	4	N/T	N/A

Cognitive Aspects

1(**superior**) =appropriate knowledge, requires no instruction 2(**advanced**) =achieves with minimal verbal cues
 3(**intermediate**) = achieves with multiple verbal cues 4 (**novice**) =poor knowledge unable to achieve endpoint
 N/T= not attempted N/A= not applicable

Fellow demonstrated clear understanding of indication of procedure	1	2	3	4	N/T	N/A
Cholangiogram	1	2	3	4	N/T	N/A
Appropriate use of fluoroscopy						
Proficient use of real time cholangiogram interpretation and ability to identify nature of pathology (stone, stricture, leak, etc.)	1	2	3	4	N/T	N/A
Logical plan based on cholangiogram findings	1	2	3	4	N/T	N/A
Fellow demonstrated clear understanding for appropriate use of rectal indomethacin?	1	2	3	4	N/T	N/A

Supplementary Figure 3. Continued

The EUS and ERCP Skills Assessment Tool (TEESAT)

PANCREATIC ERCP

Technical Aspects

1(**superior**) =achieves without instruction 2(**advanced**) =achieves with minimal verbal cues
 3(**intermediate**) = achieves with multiple verbal cues or hands on assistance
 4 (**novice**) =unable to complete N/T= not attempted N/A= not applicable

Stent removal	1	2	3	4	N/T	N/A
Cannulation-contrast visualization of pancreatic duct?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
Cannulation	1	2	3	4	N/T	N/A
Sphincterotomy	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
If yes	1	2	3	4	N/T	N/A
Wire placement in desired (pancreatic) duct?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
If yes	1	2	3	4	N/T	N/A

Time to attempt cannulation of first duct of interest for trainee (To start when cannulating device out of duodenoscope)? _____ (in minutes)

If trainee cannulation failed, did supervisor succeed? yes no

Time for attending to achieve cannulation? _____ (in minutes)

Technique used to achieve cannulation?

Regular cannulation Double-wire PD Stent placement Pre-cut sphincteromy

Balloon sweep	1	2	3	4	N/T	N/A
Use of basket	1	2	3	4	N/T	N/A
Stone clearance	1	2	3	4	N/T	N/A
Stricture dilation	1	2	3	4	N/T	N/A
Stent insertion?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no		
If yes	1	2	3	4	N/T	N/A

Cognitive Aspects

1(**superior**) =appropriate knowledge, requires no instruction 2(**advanced**) =achieves with minimal verbal cues
 3(**intermediate**) = achieves with multiple verbal cues 4 (**novice**) =poor knowledge unable to achieve endpoint
 N/T= not attempted N/A= not applicable

Fellow demonstrated clear understanding of indication of procedure	1	2	3	4	N/T	N/A
Pancreatogram	1	2	3	4	N/T	N/A
Appropriate use of fluoroscopy						
Ability to identify nature of pathology (stone, stricture, leak, etc.)	1	2	3	4	N/T	N/A
Logical plan based on pancreatogram findings	1	2	3	4	N/T	N/A
Fellow demonstrated clear understanding for appropriate use of rectal indomethacin?	1	2	3	4	N/T	N/A

The EUS and ERCP Skills Assessment Tool (TEESAT)

Overall Assessment:

Overall Assessment (subjective)									
1	2	3	4	5	6	7	8	9	10
Below average for level of training			Average for level of training			Above average for level of training			Superior for level of training

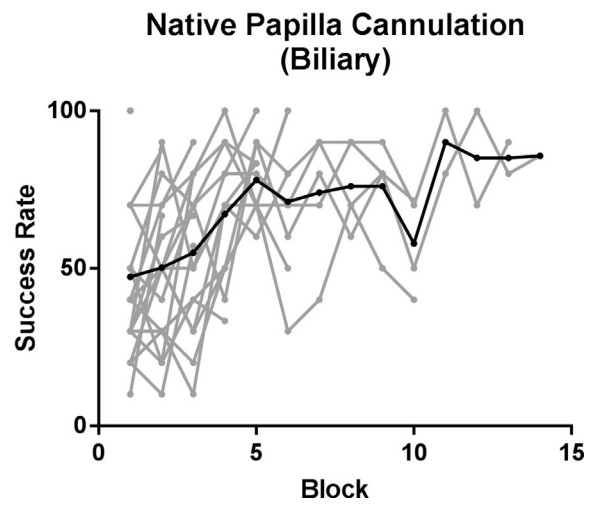
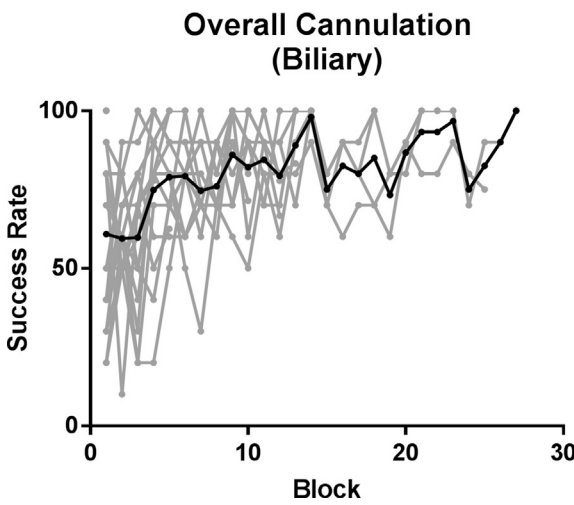
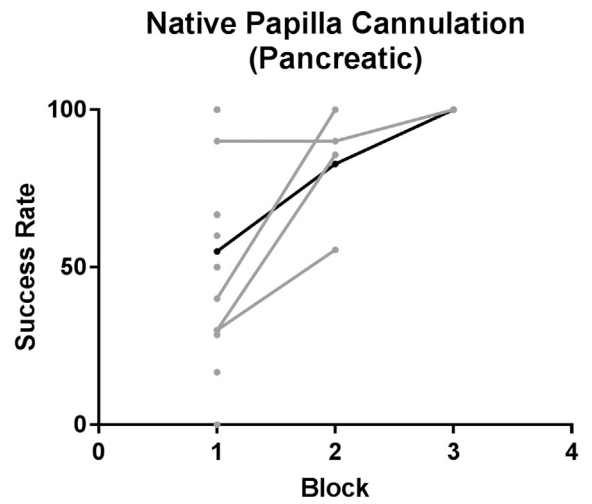
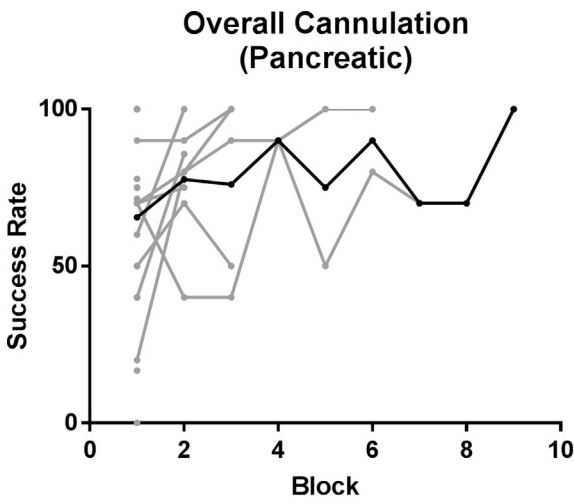
Immediate Post-Procedure Complications:

Procedure done in ambulatory setting? Yes No

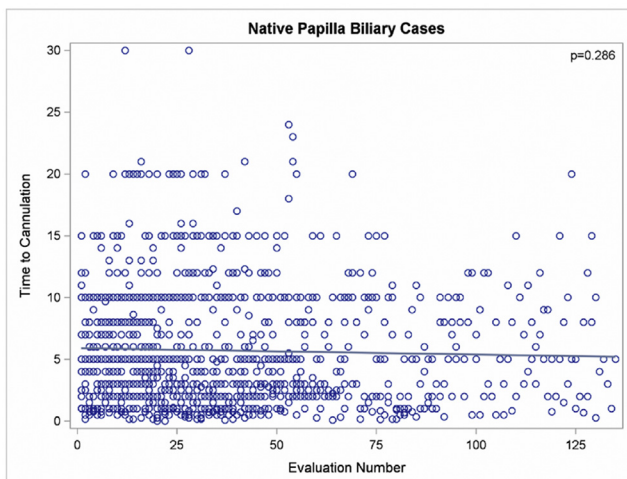
Patient admitted post-procedure? Yes No

- If yes,
- Pain requiring hospitalization
 - Pancreatitis
 - Mild Moderate Severe
 - Bleeding
 - Immediate Delayed
 - Perforation
 - Cardiopulmonary complications
 - Mortality
 - Other: _____

Supplementary Figure 3. Continued



Supplementary Figure 4. Cannulation rates with time.



Supplementary Figure 5. Scatter plot demonstrating no change in the time allowed for the advanced endoscopy trainee to cannulate cases with a native papilla during the 1-year training period.

Supplementary Table 1. List of Participating Advanced Endoscopy Training Programs

Institution	Location
University Hospitals Cleveland Medical Center	Cleveland, Ohio
Carolinas Medical Center	Charlotte, North Carolina
University of Virginia Health System	Charlottesville, Virginia
Icahn School of Medicine Mount Sinai	New York, New York
Henry Ford Hospital	Detroit, Michigan
Moffitt Cancer Center	Tampa, Florida
Washington University School of Medicine	St Louis, Missouri
Geisinger Medical Center	Danville, Pennsylvania
Indiana University	Indianapolis, Indiana
University of Texas Southwestern	Dallas, Texas
Northwestern University	Chicago, Illinois
University of Colorado	Aurora, Colorado
Vanderbilt University	Nashville, Tennessee
University of Wisconsin	Madison, Wisconsin
University of California, Los Angeles	Los Angeles, California
Digestive Diseases Institute at Virginia Mason Medical Center	Seattle, Washington
Dartmouth Hitchcock Medical Center	Lebanon, New Hampshire
University of Kansas	Kansas City, Kansas
Brigham and Women's Hospital	Boston, Massachusetts
The University of Texas Health Science Center at San Antonio	San Antonio, Texas

Supplementary Table 2. Comparison of Competence in EUS and ERCP by Using TEESAT and a Global Rating Scale

Stu	No. of AETs meeting inclusion criteria	No. of evaluations	No. of AETs achieving competence (%), primary analysis ^a	No. of AETs achieving competence (%), sensitivity analysis ^b
EUS				
Overall technical	17	1070	14 (82.3)	11 (64.7)
Overall cognitive	17	1061	13 (76.4)	8 (47)
Global rating scale	17	1066	10 (58.8)	0 (0)
ERCP biliary				
Overall technical	20	2259	12 (60)	5 (25)
Overall cognitive	20	2268	20 (100)	17 (85)
Global rating scale	20	2263	10 (50)	1 (5)

^aPrimary analysis: success defined as score of 1 or 2 (no assistance/minimal verbal cues); acceptable failure rate, $p0 = 0.1$ and unacceptable failure rate, $p1 = 0.3$.
Global rating scale: success defined as score of 7–10.

^bSensitivity analysis: success defined as score of 1 (stringent definition of success); global rating scale: success defined as score of 10.

Supplementary Table 3. Results of the Post-Study Questionnaire Assessing Comfort Level in EUS and ERCP After Completion of Advanced Endoscopy Training

Post-training questions	Strongly agree, % (n)	Tend to agree (n)	Neutral, % (n)	Tend to disagree, % (n)	Strongly disagree, % (n)
I feel comfortable independently performing ERCP	53.8 (7)	46.2 (6)	0 (0)	0 (0)	0 (0)
I feel comfortable with deep cannulation of duct of interest	53.8 (7)	38.5 (5)	7.7 (1)	0 (0)	0 (0)
I feel comfortable performing sphincterotomy	61.5 (8)	23.1 (3)	7.7 (1)	7.7 (1)	0 (0)
I feel comfortable with stone clearance	76.9 (10)	15.4 (2)	7.7 (1)	0 (0)	0 (0)
I feel comfortable with placement of biliary stents	84.6 (11)	15.4 (2)	0 (0)	0 (0)	0 (0)
I feel comfortable with placement of pancreatic stents	46.2 (6)	46.2 (6)	7.7 (1)	0 (0)	0 (0)
I feel comfortable with independently performing EUS	38.5 (5)	46.2 (6)	7.7 (1)	7.7 (1)	0 (0)
I feel comfortable performing EUS-FNA	61.5 (8)	30.8 (4)	7.7 (1)	0 (0)	0 (0)
I feel comfortable performing celiac plexus block/neurolysis	46.2 (6)	38.5 (5)	7.7 (1)	0 (0)	7.7 (1)
I feel comfortable placing fiducials	16.7 (2)	25 (3)	8.3 (1)	25 (3)	25 (3)
I feel comfortable performing pseudocyst drainage	38.5 (5)	46.2 (6)	7.7 (1)	7.7 (1)	0 (0)
I feel comfortable performing biliary/pancreatic EUS-guided rendezvous procedures	0	23.1 (3)	23.1 (3)	30.8 (4)	23.1 (3)

Supplementary Table 4. Results of Post-Study Questionnaire Assessing Plans for Independent Practice

What type of environment will you be practicing in? (n, %)	Academic (6, 46.2) Private (5, 38.5) Combination of academic and private practice (2, 15.4)
Will you be joining a practice with a senior partner who performs high-volume ERCP and/or EUS? (n, %)	Yes (11, 84.6) No (2, 15.4)
What % of your job will be "advanced endoscopy?" (n, %)	0 (0, 0) 1–25 (2, 15.4) 26–50 (5, 38.5) 51–75 (2, 15.4) >75 (4, 30.8)
How many EUS procedures do you estimate you will perform in the first year of independent practice? (n, %)	Mean, 187.5 Median, 155 (range, 25–500)
How many ERCP procedures do you estimate you will perform in the first year of independent practice? (n, %)	Mean, 155 Median, 175 (range, 25–300)

Supplementary Table 5. Comparison of AET Programs

	Programs included in RATES study (n = 20)	Programs not included in RATES study (n = 42)	P value
No. of AETs (median)	1 (1–2)	1 (1–2)	<.21
No. of ERCP procedures (median)	480 (300–800)	450 (225–1015)	<.36
No. of EUS procedures (median)	450 (300–1200)	400 (300–950)	<.35

RATES, Rapid Assessment of Trainee Endoscopy Skills.