

LAPAROSCOPIC SURGICAL TRAINING

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The paper by Moldovanu R. et al, entitled *LAPAROSCOPIC SURGICAL TRAINING - A THREE STAGES MODEL* describes the authors' experience of establishing a basic laparoscopic skills based training system which is consistent with current educational theory and provides a framework for developing a full curriculum for teaching novices (residents, non-laparoscopic faculty, etc.) and providing assessment tools.

There are a few important elements that need to be emphasized which differentiates this new approach to a quantifiable method of training and assessment from the previous "see one, do one, teach one" traditional model. They are:

1) **QUANTIFYING:** The training is quantifiable with specific measurements. Thus the curriculum development must begin with the unambiguous definition of the "outcomes measures" in order for the training experience and assessment evaluation provide unequivocal information to guide the learner in their training and the assessor to accurately grade performance

2) **ERRORS:** When developing the cognitive (didactic) portion of the training (the lecture series given before allowing the learner to proceed to the skills training), it is

critical to teach the novice the **COMMON ERRORS**; this provides a background on not only the correct procedures, but also how to avoid, recognize or remediate an error should one occur.

3) **BENCHMARK:** The learner must continue to perform the skills until they have achieved "proficiency" – their training is not for a specific time, but continues until the number of trials (two consecutive trials in which their performance is equal to that of an experienced or expert surgeon) has demonstrated that they (the learner) are competent. The „benchmark” is determined by initially having experienced surgeons (faculty) perform the curriculum (with 2 consecutive trials without improvement demonstrating their learning curve to proficiency) – and then the mean score of the faculty performance is determined as the „benchmark” that the learner must achieve

While there are many nuances regarding the manner in which the training and assessment are put into practice in individual training settings, the basic additional principles above are the criteria that distinguish the new, quantitative method of training and assessing surgical skills differentiates from the traditional model and can provide a scientific, objective measure of performance.

