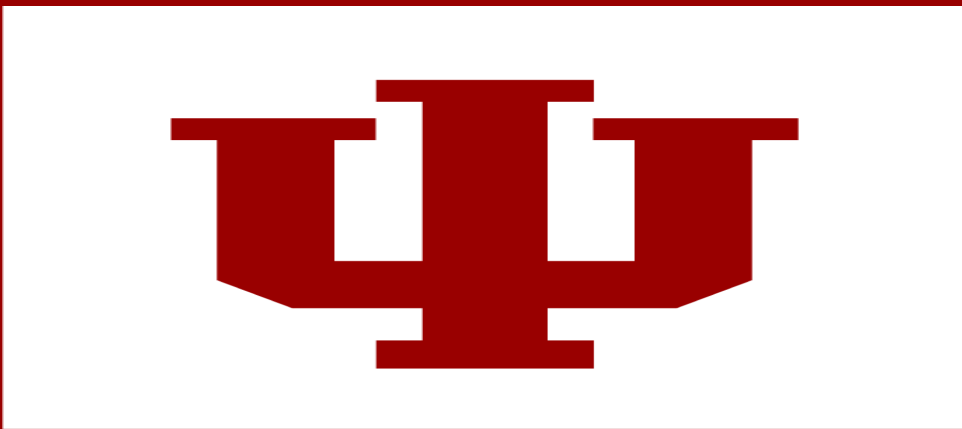




How Good are the Surgeons at Assessing the Quality of the Critical View of Safety They Obtain During Laparoscopic Cholecystectomy?



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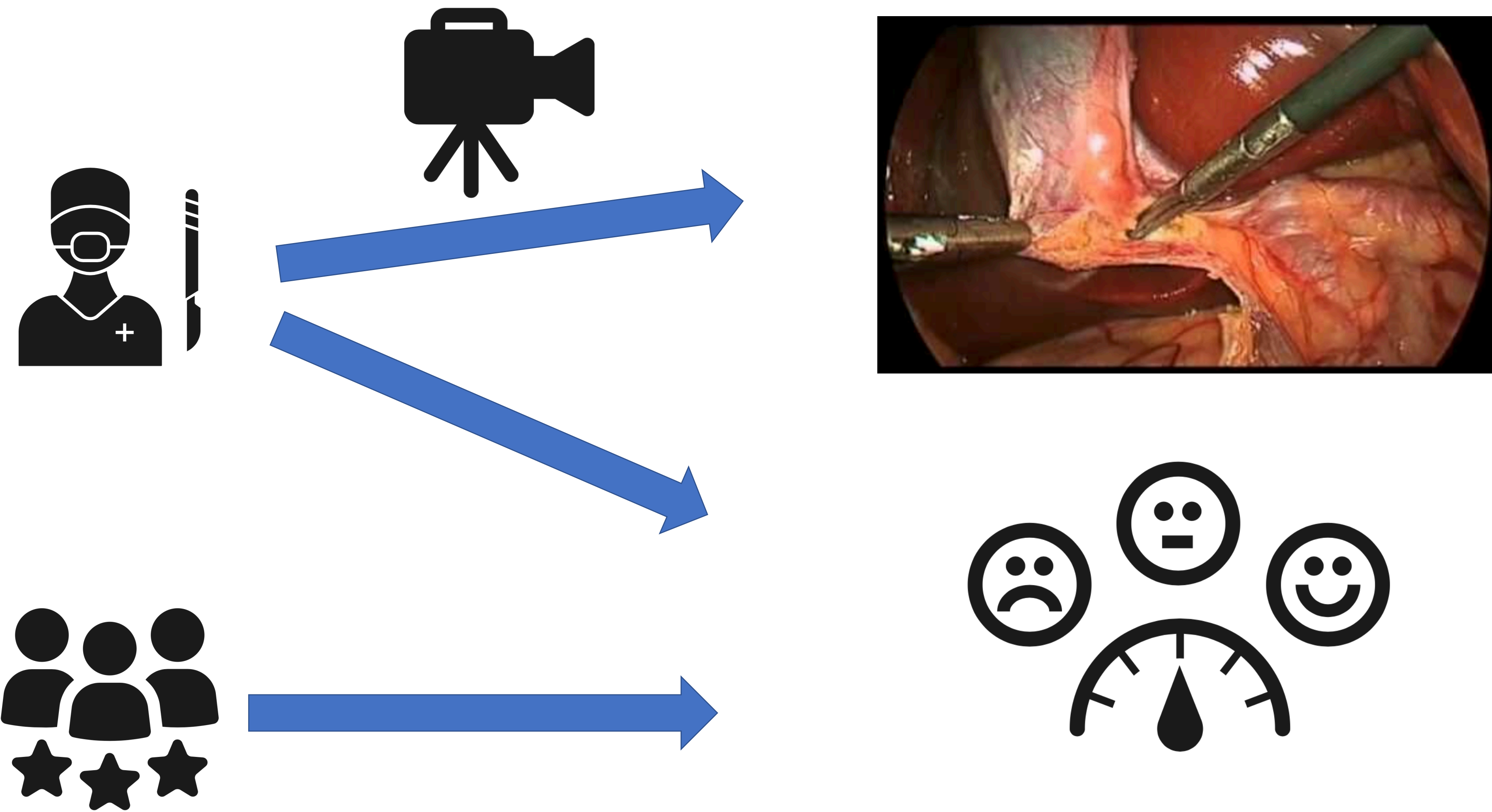
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Introduction

Obtaining the critical view of safety (CVS) is considered an important step to reduce bile duct injuries during laparoscopic cholecystectomy (LC). However, the literature suggests that few surgeons obtain adequate CVS, when LC videos are directly evaluated by experts, and has called for the development of effective CVS teaching methods.¹ Self-assessment represents the main tool available to surgeons today for performance improvement, but its effectiveness is debatable. The aim of this study was to compare surgeon self-assessments of CVS quality during LC with that of expert raters.

Materials & Methods

- We conducted a prospective, multi-institutional study of SAGES member surgeons who volunteered to participate.
- All surgeons were asked to submit an LC video and complete an assessment of the CVS quality using the Strasberg scale (0-6 score with >=5 score indicating appropriate CVS).
- The same videos were reviewed by 2 blinded expert raters, members of the SAGES safe cholecystectomy task force, who had received prior rater training. Surgeon self-ratings and expert ratings were compared (student’s t-test, SPSS).



Results

Twenty-three surgeons were recruited, nine of whom submitted an LC video. Two surgeons (22%) achieved CVS scores >=5 on the Strasberg scale based on expert ratings. Surgeons rated the quality of their CVS on the Strasberg scale significantly higher than the experts (5.6 ± 1 vs. 2.6 ± 2.3, respectively; p=0.002).

	Surgeons
Gender (Males/Females)	8/1
University Hospital (%)	45
Country/State (number of participants)	US: Indiana: 4; Texas: 2; New Hampshire: 1; Illinois: 1; Over-seas: 1
Average Years of experience following fellowship (Range)	9 (2-25)

Conclusions

Our study confirms the infrequent use of appropriate CVS during laparoscopic cholecystectomy in a small but national sample of general surgeons. It further adds to the body of literature that suggests that self-assessment is an inadequate mechanism to promote performance improvement. Effective teaching methods such as coaching are therefore needed to improve the use of appropriate CVS by surgeons that may help decrease bile duct injury risk.

References

1. Stefanidis, D. et al: How often do surgeons obtain the critical view of safety during laparoscopic cholecystectomy?. 2017; Surg Endosc 31, 142–146