THE FUNDAMENTALS OF LAPAROSCOPIC SURGERY IN GENERAL SURGERY RESIDENCY: FUNDAMENTAL FOR JUNIOR RESIDENTS

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Introduction

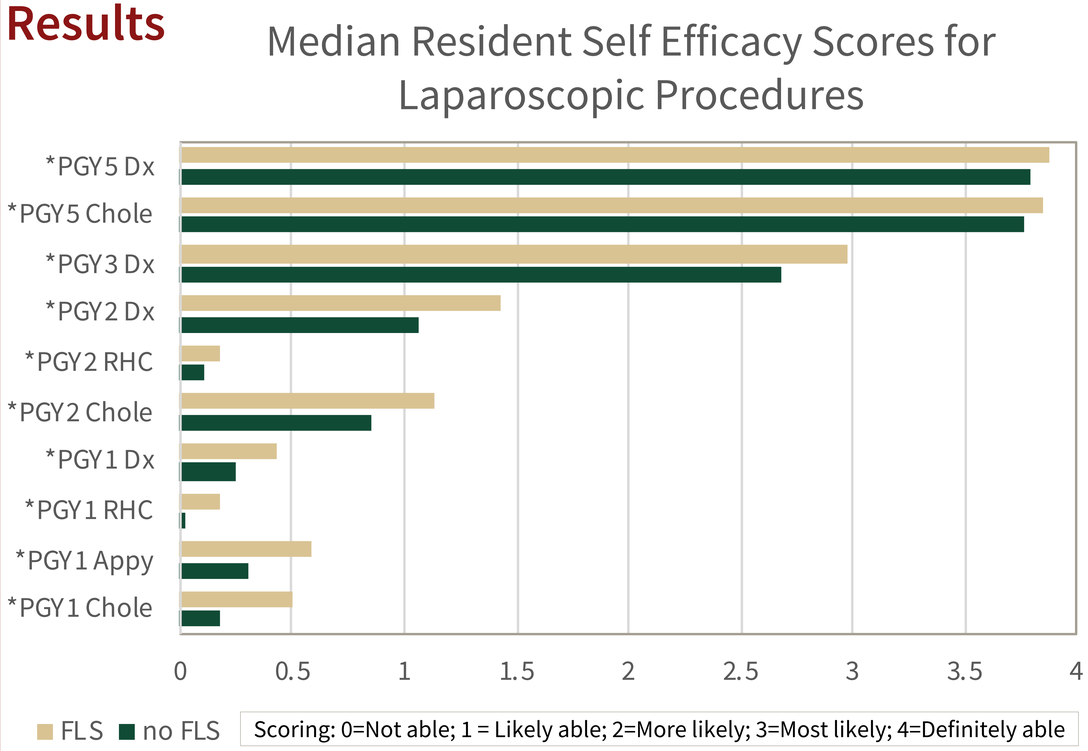
The implementation of the Fundamentals of Laparoscopic (FLS) program by Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) has served a need for structured education in laparoscopy within General Surgery training since 2004. This study looks at how FLS has affected resident self-efficacy in recent years.

Methods

After the 2020 American Board of Surgery In-Training Examination (ABSITE), 9,275 residents from 325 US General Surgery Training Programs participated in a national online survey.

Using a 5-point assessment (scored 0-4), participants were asked about their **ability to perform the most commonly-logged laparoscopic resident cases without faculty assistance** (*Laparoscopic Appendectomy (Appy), Laparoscopic Cholecystectomy (Chole), Laparoscopic Right Hemicolectomy (RHC) and Diagnostic Laparoscopy (Dx)*. Multivariate analysis evaluated **if completion of FLS made a difference in resident self-efficacy,** stratified by PGY-level.

Results



*Mann-Whitney U test indicates that **self-efficacy scores in these laparoscopic procedures were greater for residents who had completed FLS ($p < 0.05$)**. This was most consistent for *PGY-1 residents across all laparoscopic procedures* queried. Ultimately, these FLS effects were less evident in the more senior classes.

Conclusions

Completion of FLS arguably has the greatest benefits for more junior residents, as it establishes a foundation of laparoscopic knowledge and skill, upon which further residency training can build.

Successful completion of the curriculum and assessment offered by the Fundamentals of Laparoscopic Surgery leads to greater sense of ability in early trainees.

Future Directions

Other studies might further evaluate FLS completion and its effect on operative independence and entrustment by faculty. Ultimately, consideration should be given to ensure that FLS is completed by junior residents in preparation for early operative experience.

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