Surgical Telementoring in Clinical Practice: Two Projects Following an Educational Protocol in Accordance with SAGES Recommendations

Butt K, Thomassen N, Sjo O, Edwin B, Augestad KM and the International Surgical Telementoring Group

An Educational Protocol for Telementoring in Robotic Ventral Mesh Rectopexy (rVMR)

Introduction
A need for surgical experience in rVMR and lack of on-site mentor for hands-on training. The COVID-pandemic complicated interhospital travel for educational purposes.

Method
We established a prospective single center study for proof of concept. Surgical telementoring was used as an educational platform to facilitate surgical teaching in the OR.
A structured educational protocol for interaction during rVMR with daVinci Xi robotic system.

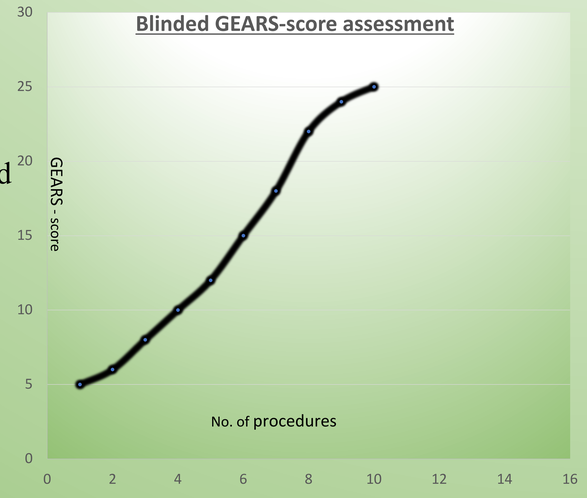
TELEMENTEE (Norway)
Norwegian surgeon with no experience in rVMR

⟵ Telementoring guidance ⟶

TELEMENTOR (Denmark)

Plug-and-play software for real-time verbal and telestrational communication
Lap-Co principles for communication
Consecutive inclusion of patients
23 standardized video recorded rVMR.

Results
Blinded GEARS-score assessment of video recorded rVMR by an expert panel



Validated scoring system for surgical skills.

Successful educational protocol

Future method for improved quality in surgical education

An Educational Protocol for Telementoring in Laparoscopic Cholecystectomy

CHALLENGES
Increasing global population
Efficiency in surgical education
COVID- pandemic

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INNOVATION
Telecommunication technology & Minimal invasive surgery

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SOLUTION
Surgical Telementoring

Introduction
Multicenter, pilot-RCT in accordance with IDEAL-framework stage 3 and SAGES recommendations.
Assessment of appliacability, efficiency and safety of ST in an educational setting in the OR.

Method
Control group: surgical registrars guided in LC with conventional onsite guidance in the OR.
Intervention group: registrars guided by distantly located telementor using telementoring platform
Software provided by Olympus® allowing verbal and telestrational guidance in real time

Outcome measures
Skill development (GOALS-score of videorecords of the procedures).
Intraoperative errors & 30 days complication rate.
Satisfaction scores of telementees og telementors.

Discussion
The telemetoring equipment is deployed at rural hospitals
The expert mentors are recruited
HIPPA-compliance (Health Insurance Portability and Accontability Act).
Patient concent and agreement between telementor and mentee and the institutions.

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