TOWARDS CONSENSUS: ENHANCING RELIABILITY IN SURGICAL VIDEO ASSESSMENT

Enrique Cruz Mackenna, MD; Rafael Selman Álvarez, MD; Úrsula Figueroa Fernández, MD; Cristián Jarry Trujillo, MD, MSc;
Julián Varas Cohen, MD, MSc; Pontificia Universidad Católica; Pontifical Catholic University of Chile.

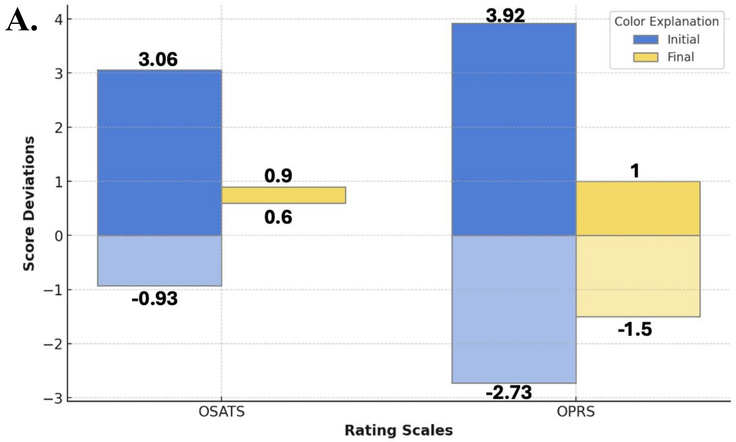
INTRODUCTION: Video-based assessment is becoming important in surgical education, particularly the effects of video feedback on surgical performance. Validity for such interventions requires consistent use of assessment tools by educators. We aim to introduce a calibration process for laparoscopic cholecystectomy (LC) video assessment to ensure reliability and uniformity.

METHODS AND PROCEDURES: Within a national research project (FONDECYT Grant No. 1221490), this prospective cohort study assesses the impact of deferred feedback on LC among residents. General surgeons were recruited for a calibration process that included initial training, video performance rating using a modified OSATS and an operative performance rating system (OPRS) from the American Board of Surgery, and 3 discussion meetings for consensus building and feedback sharing. Evaluation consistency was monitored through session mean deviations and an evaluator perception survey.

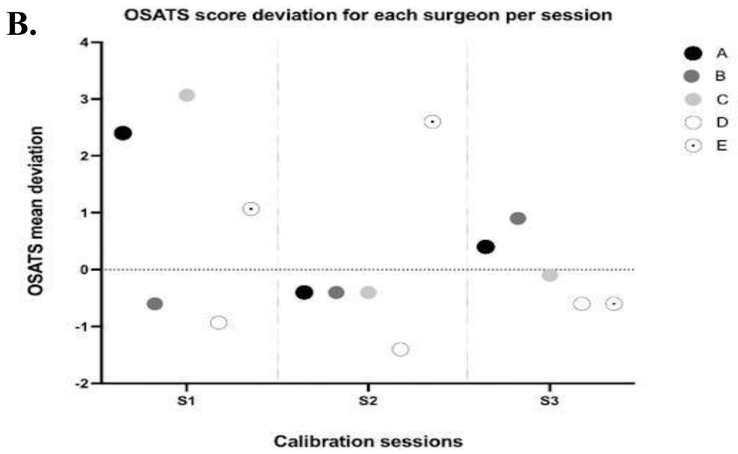
RESULTS: Five general surgeons participated, undergoing three calibration sessions and discussing 1-3 cholecystectomy videos per session (6 total assessments). Evaluators unanimously found the process beneficial and effective. Score deviations (A).

CONCLUSIONS: The changes in OSATS (B) and OPRS (C) scores deviation of the surgeons panel illustrate an improvement in evaluator consensus over successive calibration sessions. Six videos and three discussion sessions were needed to attain an acceptable level of consensus. This process was rated as useful by the entire panel of experts.

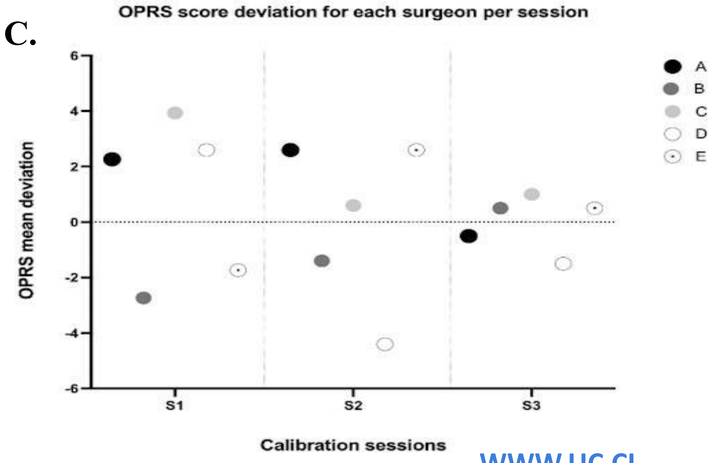
A.



B.



C.



WWW.UC.CL