Current experiences and preferences of General Surgery residents and attending surgeons in laparoscopic surgery training in Canada: A nationwide survey

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Introduction

There is limited data on the perception and satisfaction of residents and attending surgeons on the current state of laparoscopic surgery training. This study aimed to assess the experiences of these groups across Canada, focusing on the structure and effectiveness of laparoscopic surgery training within General Surgery programs.

Methods

- Online surveys mailed to program directors in all 14 English-speaking Canadian General Surgery programs.
- Demographics, current state, and outcome of laparoscopic training assessed using multiple choice ranking and answer questions.

11/14 Canadian General Surgery programs

27 residents and 43 attending surgeons

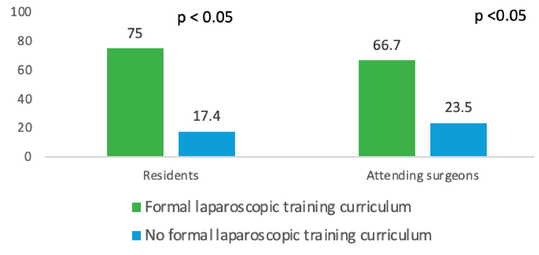
59% residents interested in fellowship training

39.7% of attending practice in academic setting

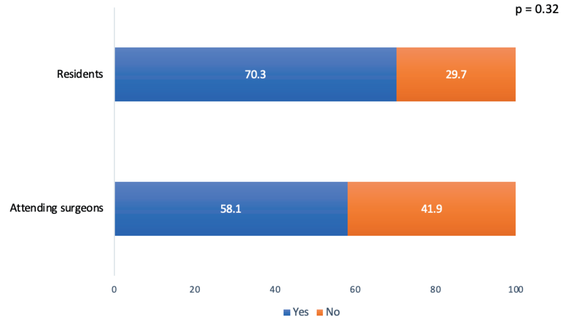
Results

- Only **2 programs** have a formal curriculum with protected time for laparoscopic surgery training outside of the operating room.
- Main barriers to instituting a formal laparoscopic curriculum are thought to be **cost of simulators/facilities** and **faculty availability**.

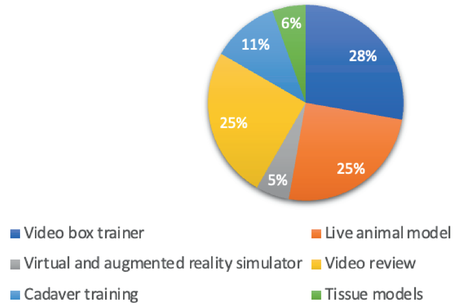
Satisfaction level with the current laparoscopic training curriculum



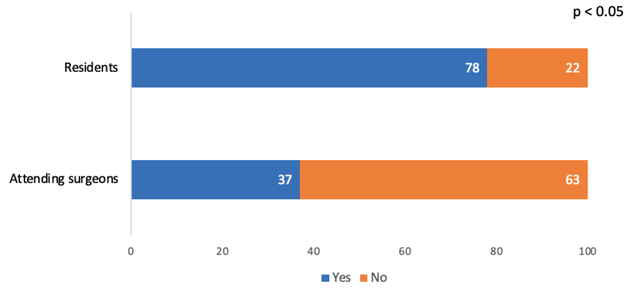
Does skills lab training translate to improved performance in the operating room?



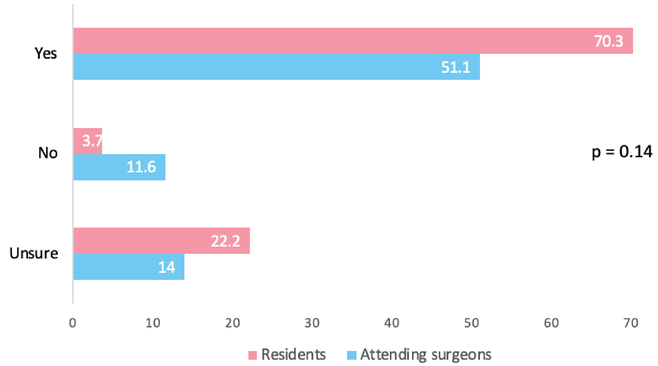
Most preferred simulation models from residents' perspective



Should we dedicate more time to laparoscopic training prior to OR exposure?



Are residents comfortable performing advanced laparoscopic procedures at the end of training?



Conclusion

- There is a lack of formalized curriculum and dedicated time for laparoscopic training in most Canadian programs.
- Despite general confidence in the current training outcomes, further research, such as semi-structured interviews with program directors, teaching surgeons, and trainees, is needed to improve quality of laparoscopic training.

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