We're Talking About Practice: Examining the Shifting Role of FLS in Surgical Education

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INTRODUCTION

- Since its introduction in 2004, the Fundamentals of Laparoscopic Surgery (FLS) program, launched by the Society of Gastrointestinal and Endoscopic Surgeons, has played a critical role in ensuring that surgeons acquire the necessary knowledge, judgment, and technical skills for basic laparoscopic procedures.
- Over time, however, the role of FLS has evolved beyond its initial summative assessment function, with many surgical programs integrating FLS testing earlier into residency.
- Despite these advancements, there remains a gap in the adoption of standardized methods for assessing advanced laparoscopic skills.
- Our project hypothesizes that current independent practice of laparoscopic skills is solely for FLS test preparation.



OBJECTIVES

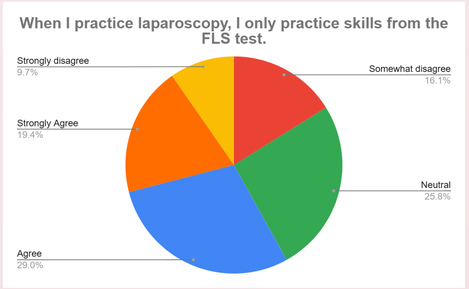
- Explore the relationship between FLS completion and attitudes towards independent laparoscopic practice among general surgery trainees
- Evaluate the impact of the FLS program on the frequency and type of independent laparoscopic practice among general surgery residents.
- Assess residents' perceptions of the transferability of FLS-acquired skills to complex laparoscopic procedures.
- Explore the role of FLS as a primary motivator for independent laparoscopic practice and its effect on skill development after completion.
- Identify gaps in current laparoscopic training and propose recommendations for improving self-directed learning and expanding skill sets in simulation.

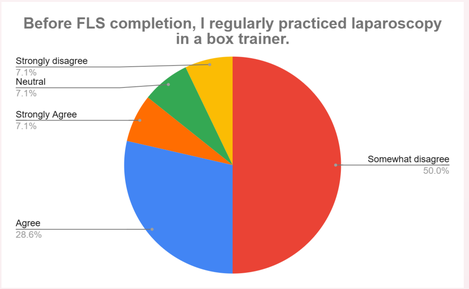
METHODS

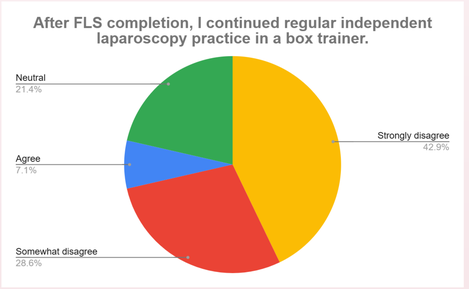
- A survey was distributed to three general surgery residency programs. It utilized questions with five-point Likert, nominal, and ratio scales to collect data on the frequency of independent laparoscopy practice before and after FLS completion, opinions on FLS skills, and its use for preparing for operative cases. The primary data analysis focused on the response rate of answer choices.

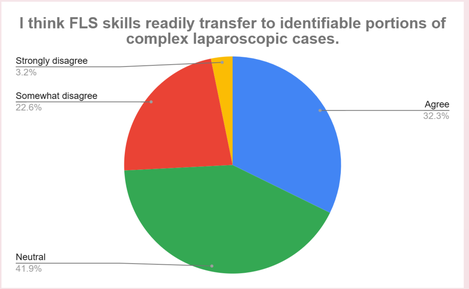
RESULTS

- Only about a third of residents who completed FLS state they regularly practiced laparoscopy before FLS completion (28.6% agree, 7.1% strongly agree).
- After FLS completion, 7.1% of residents continue to practice independently (7.1% agree, 0% strongly agree).
- Over half of the residents only practice skills from the FLS skills test (20% strongly agree, 30% agree, 26.7% neutral), while less than a quarter say they practice additional skills (13.3% somewhat disagree, 10% strongly disagree).
- Only a third (33.3%) agree that FLS skills are transferable to complex laparoscopy cases, and 10% practice laparoscopy in preparation for complex operative cases.









DISCUSSION

- The findings of this project highlight a significant decline in independent laparoscopic practice among general surgery residents after completing FLS exam. This suggests that, while FLS provides a structured foundation for laparoscopic skills, it may not motivate ongoing practice, especially for advanced laparoscopic procedures. The fact that many residents continue to practice only the skills assessed in FLS indicates a narrow focus in their training, which could hinder skill transferability to more complex cases.
- As the role of FLS shifts from a summative assessment to a more integrated tool in residency, understanding how to enhance its impact and encourage self-directed, independent practice is crucial for the continued development of laparoscopic competency.

CONCLUSIONS

- While FLS fulfills its role in ensuring basic competency, it may not fully promote the sustained, independent practice necessary for mastering more complex laparoscopic procedures. Introducing additional self-directed learning opportunities and expanding the scope of laparoscopic skills taught in simulation could encourage more frequent practice and better skill transfer to the operating room.

REFERENCES

1. Society of American Gastrointestinal and Endoscopic Surgeons. Fundamentals of laparoscopic surgery, https://www.sages.org/wiki/fundamentals-laparoscopic-surgery/

DISCLOSURES

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