

Comparative Evaluation of Ergonomic Stress of Trainees and Attendings in the Operating Room: A Feasibility Study

Theresa N Wang, MD¹; Annabella M Hochschild, MD¹; Ian S Soriano, MD²; Nisha Narula, MD³; Abhisek D Parmar, MD⁴; Mary Kate Bryant, MD⁵; Andrew S Wright, MD¹
¹University of Washington; ²University of California San Francisco; ³Rutgers New Jersey Medical School; ⁴University of Alabama; ⁵Medical University of South Carolina

BACKGROUND

- Surgeon ergonomic stress impacts musculoskeletal health, surgical performance, and career longevity
- Limited data on impact on trainees

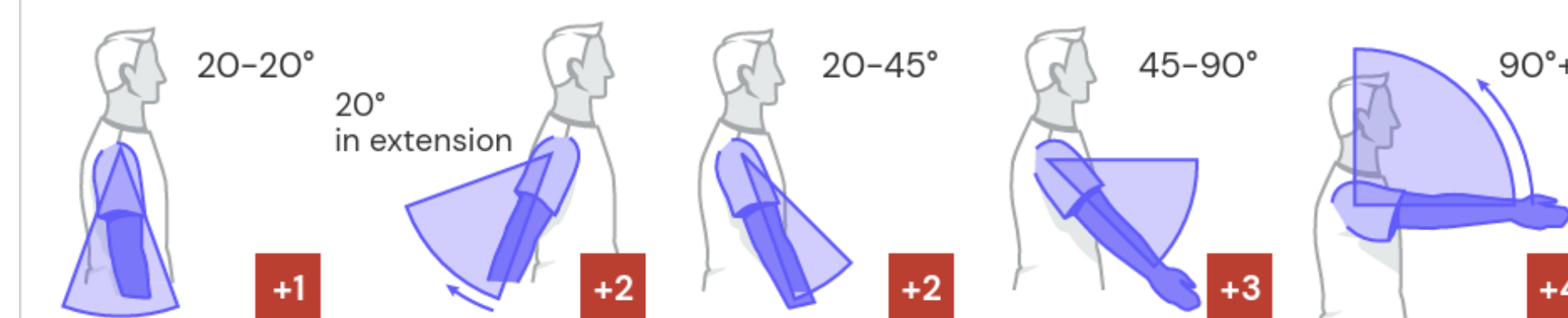
Is it feasible to investigate surgical trainee ergonomic stress and compare it to that of attendings during operations?

METHODS

- Prospective observational study
- Cases across general surgery, cardiothoracic surgery, and urology
- Ergonomic assessments on intraoperative video clips
- 3 scoring mechanisms, higher score indicating higher stress
 - VelocityEHS Industrial Ergonomics software
 - Rapid Upper Limb Assessment (RULA)
 - Rapid Entire Body Assessment (REBA)
 - Sample evaluation shown in **Figure 1**
- Surveys administered:
 - Surgical Task Load Index (SURG TLX)
 - Body Part Discomfort Scale

B. Arm and Wrist Analysis

Step 7: Locate Upper Arm Position



Step 7a: Adjust...

- If shoulder is raised: +1
- If upper arm is abducted: +1
- If arm is supported or person is leaning: -1

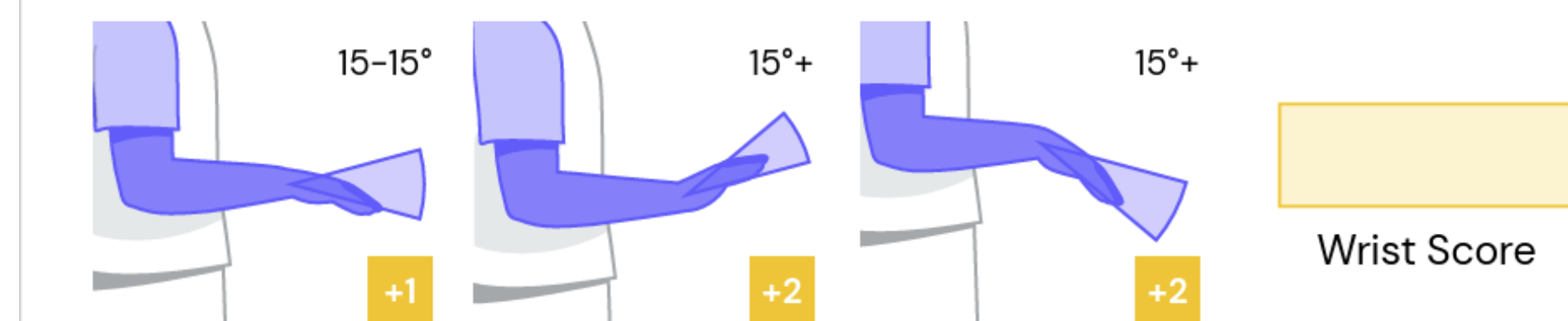
Upper Arm Score

Step 8: Locate Lower Arm Position



Lower Arm Score

Step 9: Locate Wrist Position



Wrist Score

Step 9a: Adjust...

- If wrist is bent from midline or twisted: +1

Figure 1. Scoring rubric for upper extremity ergonomic stress on REBA

Original Worksheet Developed by Dr. Alan Hedge. Based on Technical note: Rapid Entire Body Assessment (REBA), Hignett, McAtamney, Applied Ergonomics 31 (2000) 201-205

CONCLUSION

- Surgical trainees demonstrate similar ergonomic stress as faculty**
 - Noticeable strain in the **right upper extremity and neck**
- Mental demands and task complexity pose the highest cognitive burden
- Quantitative ergonomic analysis can be performed for trainees in the operating room and compared to attending ergonomic stress**
- Future investigation to reveal targets for education to improve ergonomic habits in trainees

Ergonomic Stress Scores: Attending vs Trainee

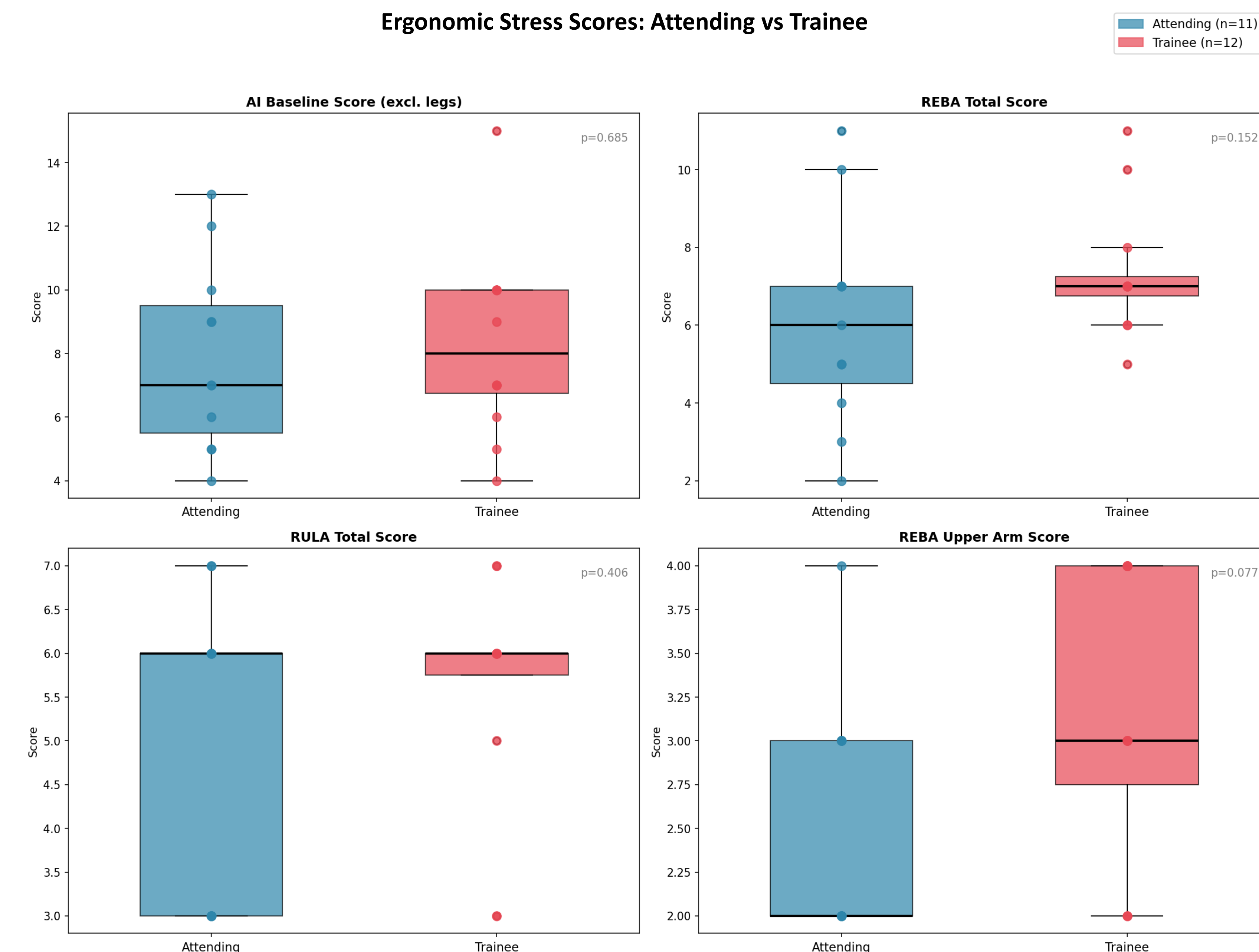


Figure 2. Pairwise comparison of attending and trainee ergonomic stress scores, by scoring mechanism

RESULTS

- 11 cases were filmed with 5 attendings (20% female) and 4 trainees (50% female)
- All trainees were senior ($\geq$ PGY4)
- Surgical approaches included 4 open and 7 laparoscopic
- Ergonomic stress found to be highest for right hand/wrist, right elbow, right shoulder, and neck
- Attending and trainee overall ergonomic stress scores similar on pairwise comparison ($p>0.05$) on all three scoring mechanisms (**Figure 2**)
 - Higher upper arm ergonomic stress on REBA ($p=0.077$)
- Mental load: trainees reported mental demands and task complexity were the highest burden
- Discomfort: trainees reported highest discomfort in the arm, shoulder and neck