Unmoderated Posters
Training and Evaluation

UP-74
Multi-organ Procurement as a Means of Increasing Open Surgical Experience During Urology Residency Training

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Introduction and Objectives: The introduction and advancement of minimally invasive surgery (MIS) has resulted in a reciprocal decline in exposure to open surgery during urology residency training. We propose organ procurement surgery as a potential vehicle to facilitate an increase in open surgical experience among trainees. We aimed to determine the surgical case volume for deceased organ procurement surgeries currently performed by urology residents in Canada, and determine what capacity exists for expansion regarding this procedure.

Methods: Data on trainee participation in deceased organ procurement surgeries was extracted from Canadian urology residents case-logs between 2005 and 2009. Case-logs were derived from the voluntary self-reporting program T-RES®, anonymized, extracted, and analyzed. National deceased organ donor data were obtained from the Canadian Institute for Health Information.

Results: The graduating Canadian urology resident performs on average less than one (0.95) organ procurement surgeries during 5 years of training. During the same period an average of 470 annual organ procurement surgeries were performed in Canada. The theoretical capacity exists for each graduating resident to perform an additional 16.3 multi-organ procurements during residency.

Conclusions: With the establishment of MIS as standard of care for many urologic surgeries, the resultant decrease in open operative experience for urology residents is of concern. Innovative ways to enrich open surgical experience may be required. Canadian Urology residents do not appear to participate substantially in multi-organ procurement. Formal incorporation of rotations in deceased multi-organ procurement into urology residency training curriculum would substantially increase trainee experience in major open abdominal surgeries.

UP-75
Perceptions and Attitudes Toward the Impact of Clinical Fellows on Urology Resident Training

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Introduction and Objectives: Over the past decade, increasing emphasis has been placed on urologic fellowships. Ideally, fellows are intended to enhance the educational and clinical experience of residents, however, concerns have been raised that fellowships may jeopardize the quality of resident training. Our objective was to collect opinions from residents, clinical fellows and faculty regarding the impact of clinical fellowship on urology resident training.

Methods: Past and present residents and Uro-Oncology fellows (1998-2012), as well as current faculty members from the University of British Columbia's Department of Urological Sciences were anonymously surveyed using a questionnaire with the following categories: influence of fellows on resident training, clinical responsibility, surgical opportunities and presence of fellows. ANOVA and post-hoc testing were performed to determine differences between respondent groups.

Results: Response rates were 43% for residents, 56% for fellows, and 56% for faculty. Fellows perceived a positive impact of their involvement in resident training compared to residents and faculty ($p<0.05$). Residents felt fellows should be asked to participate in the on-call schedule, whereas only 22% of fellows agreed ($p=0.019$). Opinions differed on the importance of fellows to residents' surgical training, equivalence of surgical skills learning from fellows and faculty and availability of cases for residents (all $p<0.05$). Faculty and fellows had higher ratings of agreement than residents to the statement 'the division could support additional clinical fellows' ($p=0.048$) and fellows disagreed with the statement 'the division should aim to reduce the number of clinical fellows' more than both residents and faculty ($p=0.002$).

Conclusion: Residents, clinical fellows and faculty have differing perceptions regarding the impact of fellows on resident training. Further research is warranted to understand the reasons for these findings.

UP-76
Towards Development of an Intraoperative Assessment Tool for Evaluation of Robot-assisted Laparoscopic Radical Prostatectomy: Results of a Delphi Study to Create an Inventory of Procedural Steps

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Introduction and Objectives: Surgical educators are tasked with the development and refinement of novel training methods to aid in the design of effective, safe, and evaluative program curricula. Most assessment tools for skill acquisition are used in simulated settings and are not always transferable to the operating room. As we shift towards competency-based education, valid and reliable methods for high-stakes assessment of trainees are crucial. These are lacking for many urologic procedures, including robot-assisted laparoscopic radical prostatectomy (RALP). The development and validation of an intraoperative RALP assessment tool is timely. Our objective was to establish a preliminary inventory of critical RALP steps using a modified Delphi technique.

Methods: Two expert RALP surgeons, a urology fellow, and four urology residents (n=7) participated in the Delphi process. The fellow and residents had extensive exposure assisting with RALPs, and most had daVinci operating experience. A research coordinator served as panel director. Participants were asked to provide a list of critical RALP steps and substeps, using a RALP video from our prospective video database for reference. Anonymous responses were compiled into an inventory list and three systematic Delphi rounds were completed until 100% consensus was achieved. Iterations allowed panel members to make revisions.

Results: Over the three Delphi rounds, an 18% decrease in inventory steps was achieved. Our inventory resulted in 13 main critical steps, with 71 substeps that were categorized under the main steps. No attrition occurred during the Delphi process.

Conclusions: This preliminary Delphi exercise created a comprehensive inventory of RALP steps with excellent consensus. We will conduct a Delphi study with an international expert panel to finalize our inventory and develop a psychometrically sound intraoperative RALP assessment tool that will be validated and implemented in urology education curricula.