

# TRAIN THE TRAINER

## COURSE DIRECTORS:

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- **Tom Cecil**, Hampshire Hospitals NHS Foundation Trust, United Kingdom
- **Justin Collins**, Medical Director Orsi Academy
- **Alessandro Larcher**, IRCCS Ospedale San Raffaele, Milan, Italy
- **Henk Van Der Poel**, The Netherlands Cancer Institute, Amsterdam, Netherlands
- **Peter Wiklund**, Department of Urology, Mount Sinai Hospital, New York, USA

## BACKGROUND:

Over the last few years the widespread diffusion of robot-assisted surgery led to the need for effective training methods. Recently, training pathways have been proposed and validated in the context of robotic surgery. These programs usually include an intensive course that combines training on theoretical, practical, and non-technical skills [1-4]. In addition, a fellowship in a high-volume center with experienced mentors might play an important role [1, 2]. In this context, the role of the trainer and the mentor is fundamental to safely and efficiently perform specific procedures at the end of the educational program. Similarly, prepared and competent trainers are needed to successfully accomplish basic or advanced courses on specific procedures. Although the mentor is usually selected as a surgeon with extensive experience with robotic surgery and several scientific publications in this field working in a high volume center [1], the criteria for selecting the trainer during advanced course are less defined. Of note, the trainer during specific courses would require an accurate knowledge of the robotic system (domain knowledge) [5]. In addition, the trainer should be able to master modules on simulator, dry lab and wet lab. This would require familiarity with synthetic, animal, and cadaver models, as well as with simulator exercises. Finally, trainers should be able to guide trainees through the different steps of specific surgical procedures (technical knowledge) [5] but also to ensure a proper knowledge transfer to the trainee (non-technical knowledge). To guarantee the quality of the training provided and to standardize the training pathway for different procedures, course dedicated to train the trainers are mandatory.

## AIM OF THE COURSE:

The aim of this course is the standardization of robotic surgical training through the assessment of trainers, proctors, and mentors. This course, directed to trainers, will provide an overview on the different training modules, animal models, technical and nontechnical skills. In addition, this course will include a final evaluation of the trainers' skills and abilities. Only participants who will fulfill predefined criteria would be certified as official ORSI trainers.

**PROGRAM:**

**THURSDAY 7/02/2019**

**12h00** Arrival

Registration

12:15 Welcome (A Mottrie)

- Mission and goals of ORSI-Academy
- Purpose of the course
- Pre-requisites to robot assisted surgical training
- Previous surgical experience

12:40 Technical skills for robotic training

12:40-13:00 ➤ Simulation (H Van Der Poel)

- Evidence for simulation based training
- Different systems: overview
- Basic vs. advanced simulation

13:00-13:20 ➤ Dry lab (J Collins)

- Evidence for simulation based training
- Training models
- Scoring systems

13:20- 13:40 ➤ Wet lab (A Larcher)

- Evidence for simulation based training
- Animal models
- Cadaver models

13:40-14:00 ➤ Validated training pathways (A Mottrie)

- Basic course
- Advanced training
- Curriculum

Lunch Break

14:00-16:00 Hands-On-Training

- Initial assessment
- Simulators (DaVinci Skills Simulator, Mimic, Symbionic)
- Chicken anastomosis model

Coffee break

16:00-17:30 Non-Technical skills and theatre team training for robotic training

16:00-17:00 ➤ Non-technical skills and theatre team training in robotic surgery (J Collins)

17:00 -17:20 ➤ Proficiency based progression training (J Collins)

Coffee Break

17:30-18:00 ➤ The principles of proctoring and mentoring (J Collins)

➤ Knowledge transfer

➤ Modular training

➤ Overruling: when and how

18:00 Q&A with open discussion

18:30 Pre-dinner drinks

19:00 Dinner at Orsi Academy

21:30 Coach to Ghent hotels

## **FRIDAY 8/02/2019**

08:00 Welcome

08.15 – 09:15: TTT practical session introduction and aims for the day (T Cecil)

09:15 – 13.15: Proctoring simulation of medical students under supervision

- Group division
- Simulation stations
- Dry lab models

13.15 - 14.00: Lunch break

14.00 - 16.00: Hands-On-Training

- Different Simulators
- Dry lab models: chicken anastomosis
- Final assessment

## **BIBLIOGRAPHY:**

1. Mottrie A, Novara G, Van der Poel H, et al. The European Association of Urology Robotic Training Curriculum: An Update. Eur Urol Focus 2015.
2. Volpe A, Ahmed K, Dasgupta P, et al. Pilot Validation Study of the European Association of Urology Robotic Training Curriculum. Eur Urol 2015;68(2):292-9.
3. Ahmed K, Khan R, Mottrie A, et al. Development of a standardised training curriculum for robotic surgery: a consensus statement from an international multidisciplinary group of experts. BJU Int 2014; 10.1111/bju.12974.
4. Buffi N, Van Der Poel H, Guazzoni G, et al. Methods and priorities of robotic surgery training program. Eur Urol 2014;65(1):1-2.
5. Sood A, Jeong W, Ahlawat R, et al. Robotic surgical skill acquisition: What one needs to know? J Minim Access Surg 2015;11(1):10-5.
6. Collins JW, Dell'Oglio P, Hung AJ et al. The Importance of Technical and Non-technical Skills in Robotic Surgery Training. Eur Urol Focus. 2018 Sep;4(5):674-676.