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Megan Arnold
*Temple University*

Lauren Alden
*Pennsylvania State University - Main Campus*

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Educating Residents in the Operating Room: The Influence of Intraoperative Dialogue on the Educational Experience

Joseph E. Patruno, MD, Timothy Pellini, MD, Megan Arnold, Lauren Alden
Department of Obstetrics and Gynecology
Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- Technical skill is critical in the operating room and teaching surgical skill, techniques, and procedures is critical in various procedurally-based specialties.
- There is limited time during a surgical procedure for attending surgeons to teach residents; effort must be focused and optimized.
- Debriefing during and after the case has shown to increase the educational value of the experience.
- There are few studies evaluating the influence of communication in the operating room between an attending and resident surgeon and its influence on the experience.

Methodology

- Residents from a single OBGYN training program, at 3 levels of training, were observed participating and performing common surgical procedures (Cesarean sections, Hysteroscopy, Laparoscopy, Robotic Hysterectomy).
- The number of questions asked by the resident and a tally of teaching points the attending offered intraoperatively was monitored and recorded for each case.
- A Communication quotient (CQ) was developed:
  \[ CQ = \frac{\text{# Questions asked} + \text{# Teaching points}}{\text{Time of the Case (Mins)}} \]
- Standard evaluation forms were completed by residents and attending surgeons following each case (OPRS and Milestone Surveys), as was a brief educational survey relating to the value of the experience.
- Debriefing session occurred as well....
  - Resident and attending discussed areas that went optimally and potential areas for improvement.
  - Video footage of case was available for review.

Results

- During the 6-week study period, 40 cases were performed and underwent data collection.
- Intraoperative communication data was adequately completed for 38% of these cases.
- The number of questions asked by residents varied (0-11) as did the number of teaching points offered by the attending surgeon (1-47).
- The learning experience from collected cases was high with a mean value of 4.5 (1-5 point Likert scale).

Limitations

- Small sample size – Residents and case number.
- Subjectivity: What defines a question? What defines a teaching point?
- Results may be specific to chosen procedures small assortment of procedures.
- Logistically often difficult to hear conversation between residents and attending surgeons.

Conclusion

- Junior level residents (PGY 2s) have higher CQ’s than senior level residents (PGY 3,4’s).
- Evaluation of surgical performance was not influenced by the CQ value or the level of training.
- Senior Level residents (PGY 3,4’s), although they have lower CQ scores, continue to see cases as highly educational.
- The value of intraoperative communication, albeit important in the training of residents in the operating room, varies and remains uncertain requiring further study.

REFERENCES


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