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# Starting a skills lab...

## On a BUDGET



# Why Start Simulation?



- ACGME Rules
- Patient driven
- Core Competencies



# Basic Needs



- Space
  - ACS requirements-
    - 4000sf
- Surgical Staff Support
  - Some type of director
  - Surgical attendings to support its importance
- Resident buy-in
  - Time



# Where to Start?



- Don't reinvent the wheel...
  - Staff at your program
  - Other programs here today.
  - APDS, ACS websites



# Curriculum



- MIZZOU example- Laparoscopy simulation
  - Residents participate 6 times per year
  - Same simulation lab repeated two months in a row
  - Modules
    - Biliary
    - Small Bowel
    - Hernia
    - Colon
    - Gastric
    - Solid Organ and Laparoscopic Complications.
- Starting July 1
- Trauma, Open and Laparoscopic curriculum
- Professionalism
- Mock Codes
- Team Training
- Pig Lab





# Curriculum



- Journal articles-landmark articles
- Technical didactic lectures
  - Taught by the expert attendings and the fellows
    - Chief residents will start assisting in teaching-7/1
  - 20 minutes each-no more than 2-3
  - \*This will be changed to web based in a year
    - SAGES

# Not possible at your program?

- Technical didactic lectures
  - Taught by the expert attendings and the fellows
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  - 20 minutes each-no more than 2-3
  - \*This will be changed to web based in a year
    - SAGES
- Web based curriculum
  - Not included in 80hours
  - Do from home
  - Administrations can follow progress
  - Pre and post tests
- Chief Resident Run
  - Once they have passed FLS and are deemed appropriate by PD.



# Dry Lab



- Dry lab stations
  - Based on the topic for the month
  - Basic skills station and advanced
  - All residents are expected to do all stations
  - Validate before
  - Monitor progress (timed)
  - Attendings and fellows assist and give feedback as they go through their stations.





# Dry lab video



Missouri Center for  
Advanced Techniques in Surgery  
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# Animal Lab



- Two residents per animal
  - They are given a review of the procedure during the technical lecture.
  - When they are finished with their procedure they are to repeat the procedure from their last session.
  - Attendings and fellows at each table.



# Not Possible



- Consider talking with local reps and vets who may be able to do an animal lab at their facility once a year.
- SAGES sponsored resident course
  - Basic and Advanced



# Barriers



- Time
- Difficult to make mandatory
- Other attendings' participation
- Cost



# Don't reinvent the wheel



## Resources already present

- Old trainers in closets?
- Talk with OR about old equipment.
  - Needle drivers, clamps, scissors
- Ask OR to save suture, graft, mesh etc
  - Keep reminding them.
- Reps-Equipment, grants, books.



# Where to start-laparoscopy

- FLS
  - Fundamentals of Laparoscopic Surgery
  - Basic Laparoscopic skills
  - Cognitive Component
    - Validated
  - Consists of CD-rom study guide
  - Basic laparoscopy trainer.
  - Assessment tool





# FLS



- Peg Transfer
- Pattern Cutting
- Endoloop
- Intracorporeal knot tying
- Extracorporeal knot tying



# Covidien Grant



- Grant to cover cost of each program 5<sup>th</sup> year residents and fellows to test out in FLS
- Provides CDs, task trainer box, and test vouchers to each program.
  - Supplies
- How to apply.



# Other Basic Laparoscopy Skills

(This is where Hobby Lobby and Lowes come in handy.)

- Needle righting
- Rope run
- Clip Applying



# Advanced Laparoscopic Skills

- Butch Rosser-Top Gun
- FLS is working on an advanced module
- Closure of Crura
- Anvil placement on EEA stapler





# Lap training device video





# Thank you



Any Questions?

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