

Motivators and barriers to access and engage in gynaecological laparoscopic simulation:

a study to understand trainees' and trainers' perspectives in Australia and New Zealand

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Background

RANZCOG trainees are now more dependent on laparoscopic simulation training (LST), esp. with Covid-related restrictions on operating. There is limited data on the role of trainer factors in gynaecology simulation training in the Antipodes.

Aims

- To determine key motivators and barriers from both trainees' and trainers' perspectives, in terms of accessing and engaging in laparoscopic simulation training (LST) in the Antipodes
- To: present the current status of LST uptake, and trainees' primary operating experience; and to explore knowledge of mental imagery and deliberate practice among trainees and trainers

Methods

- A cross-sectional online email survey
- Participants were recruited directly from the RANZCOG in October and November 2021
- A total of 217 participants responded (83 trainees and 134 trainers)
- Approved by Griffiths University's Human Research and Ethics Committee

Results

Trainers: barriers limiting supervision of LST

- 77% reported a lack of dedicated teaching time
- 52% hadn't received dedicated training to deliver LST
- 45% reported a lack of paid time to provide supervision
- 37% were unaware of available simulation exercises

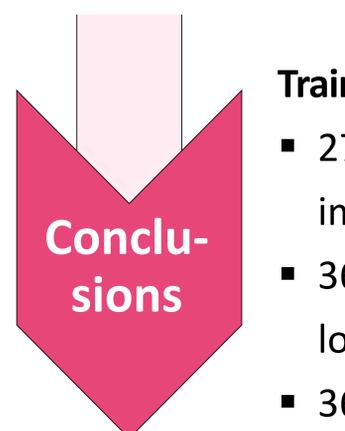
Trainers: deliberate practice (DP)

- 47% of trainers always encourage DP
- 43% sometimes encourage DP
- 5% don't yet, but will from now on

Trainees' key motivators to undertake laparoscopic simulation training

100.0% 80.0% 60.0% 40.0% 20.0% 0.0%

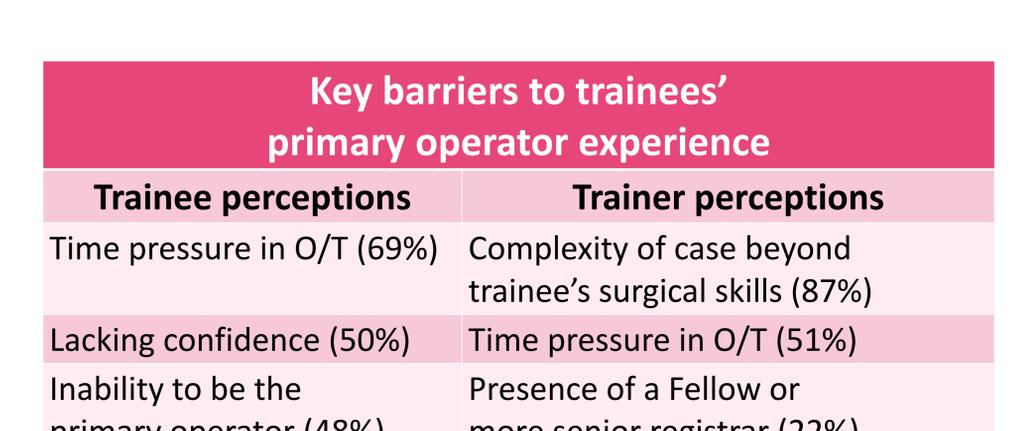
Skill development
Interest in laparoscopic surgery
Practice before a case
Access to protected teaching time
Access to a simulator
Sufficient free time
Mandatory requirement
Other factors



Trainees' key barriers against undertaking laparoscopic simulation training

0.0% 20.0% 40.0% 60.0% 80.0% 100.0%

Lack of protected teaching time
Lack of free time
Lack of supervision
Access to a trainer
Simulator issues
Prioritising other tasks
Lack of perceived benefits
Other factors



Conclusions

Trainees: mental imagery in lap. surgery

- 27% of trainees had heard of mental imagery
- 36% hadn't heard of it, but planned to look into it
- 36% hadn't heard of it

Key barriers to trainees' primary operator experience

Trainee perceptions	Trainer perceptions
Time pressure in O/T (69%)	Complexity of case beyond trainee's surgical skills (87%)
Lacking confidence (50%)	Time pressure in O/T (51%)
Inability to be the primary operator (48%)	Presence of a Fellow or more senior registrar (22%)

Conclusions

- A major challenge is laparoscopic simulation training not being formally integrated into the RANZCOG curriculum
- Two thirds of respondents support mandatory demonstration of simulator proficiency prior to operating
- Mandating LST without adequate coaching of trainers is unlikely to yield desired outcomes

References



About Dr Saima Wani

I am a Level 4 RANZCOG trainee and the JMS Simulation representative at The Royal Women's Hospital, Victoria. I am committed to improving patient outcomes through simulation and education.

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