



ENDOSCOPIC TRAINING IN THE NORDIC COUNTRIES AND FINLAND

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21.9.2016

Contents of the Presentation

- Specialist training in general
 - Comparison of the Nordic countries
- Endoscopic training
- Common concerns among Nordic Ob&Gyn trainees



Overview of training programs

	Duration (y)	Duration Ob/Gyn	Ob/Gyn in University Hospital	Other specialities
Finland	6	4.25	2	0.5 surgery
Denmark	4 + 1	4	1	0.5 surgery
Iceland	5	4	Reykjavik	1 surgery
Norway	5.5	4.5	1.5	1 surgery
Sweden	min 5	min 4	Optional	0.5 surgery

Overview of training programs



	Aims
Finland	EBCOG logbook, written description
Denmark	Checklist for knowledge and logbook for procedures, competence-driven
Iceland	No – only duration
Norway	Checklist/logbook for procedures
Sweden	Checklist for knowledge and skills, competence-driven

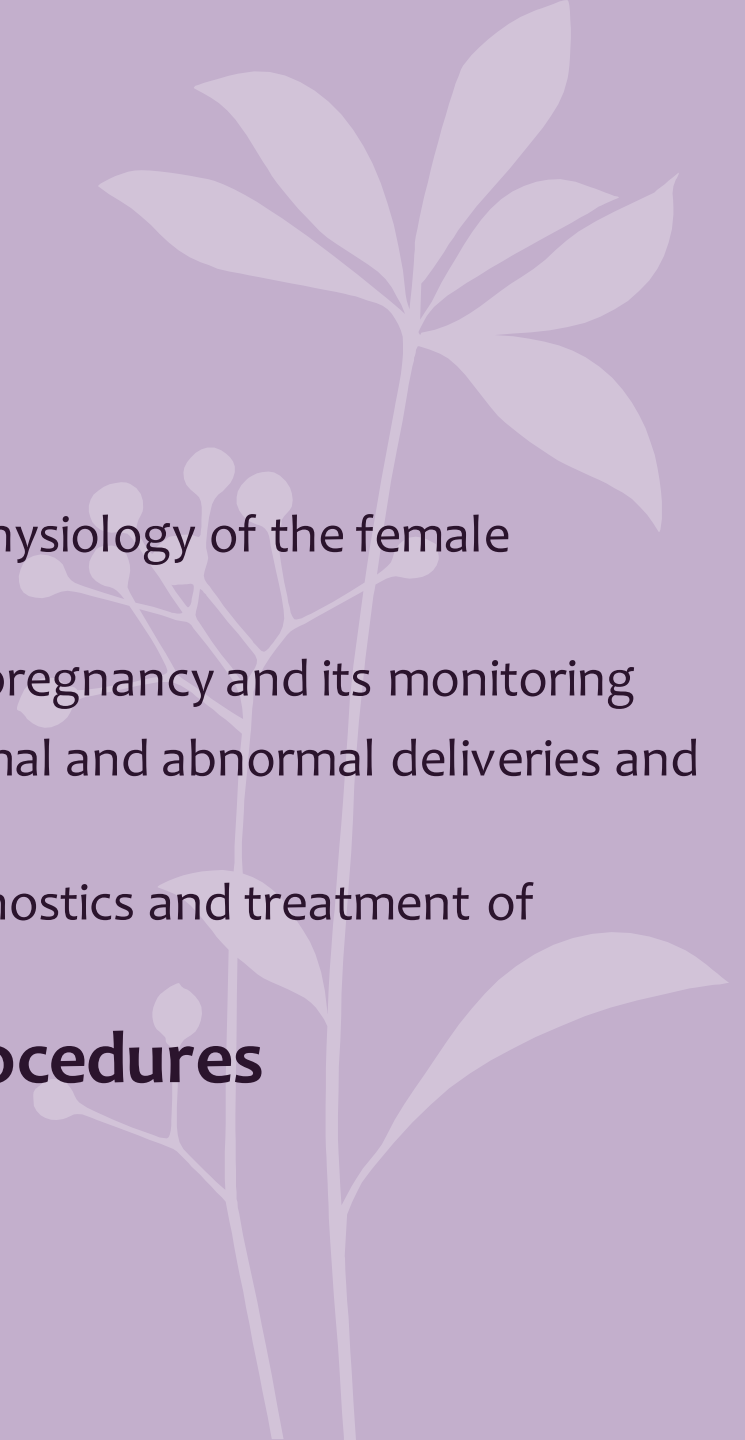
Goals of training, Finland

- A specialist in Ob/Gyn should have
 - Sufficient knowledge of the anatomy and physiology of the female reproductive organs
 - Sufficient knowledge on factors related to pregnancy and its monitoring
 - Sufficient knowledge on taking care of normal and abnormal deliveries and puerperium
 - The skill to independently manage the diagnostics and treatment of gynecological disease
 - The skill to perform certain procedures



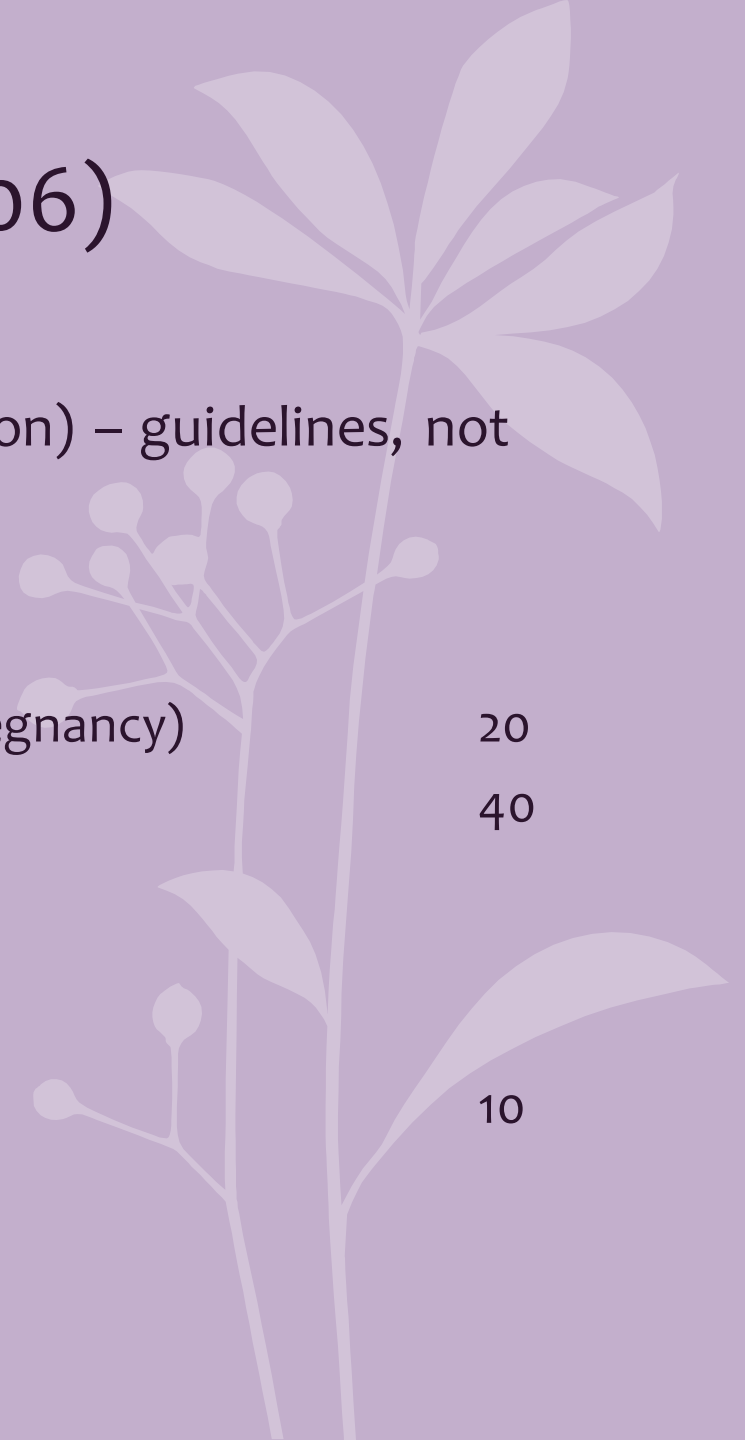
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 - **The skill to perform certain procedures**



EBCOG logbook goals (2006)

- Gynecological surgery (as primary surgeon) – guidelines, not mandatory numbers
 - Diagnostic laparoscopy or sterilisation
40
 - Minor laparoscopic surgery (e.g. ectopic pregnancy) 20
 - Hysterectomy 40
 - Abdominal 15
 - Vaginal 15
 - Laparoscopic 10
 - Prolapse surgery 10
 - (Breast surgery including cancer: 20)
- Update of logbook under progress

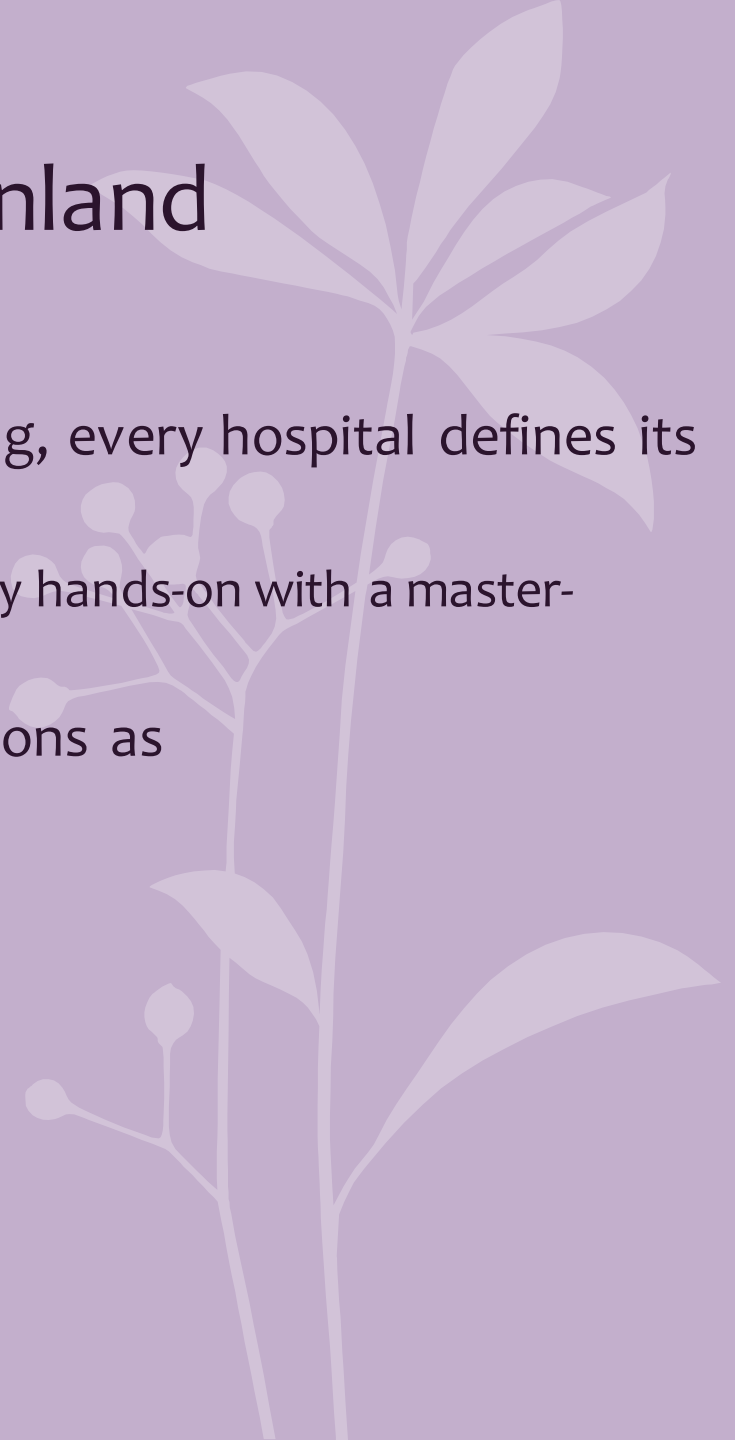


Laparoscopic training overview

	National recommendations	Logbook	Mandatory course	Mandatory simulation	Evaluation tools
Finland	No	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes	Yes
Iceland	No	No	No	No	No
Norway	No	Yes	Optional	No	No
Sweden	Yes	No	Optional	No	Yes/No

Laparoscopic training in Finland

- To date, no national guidelines on training, every hospital defines its own program
 - Despite this surgical training in Finland is very hands-on with a master-apprentice –method
- Logbooks differ, most categorise operations as
 - followed/assisted
 - performed with assistance
 - performed independently



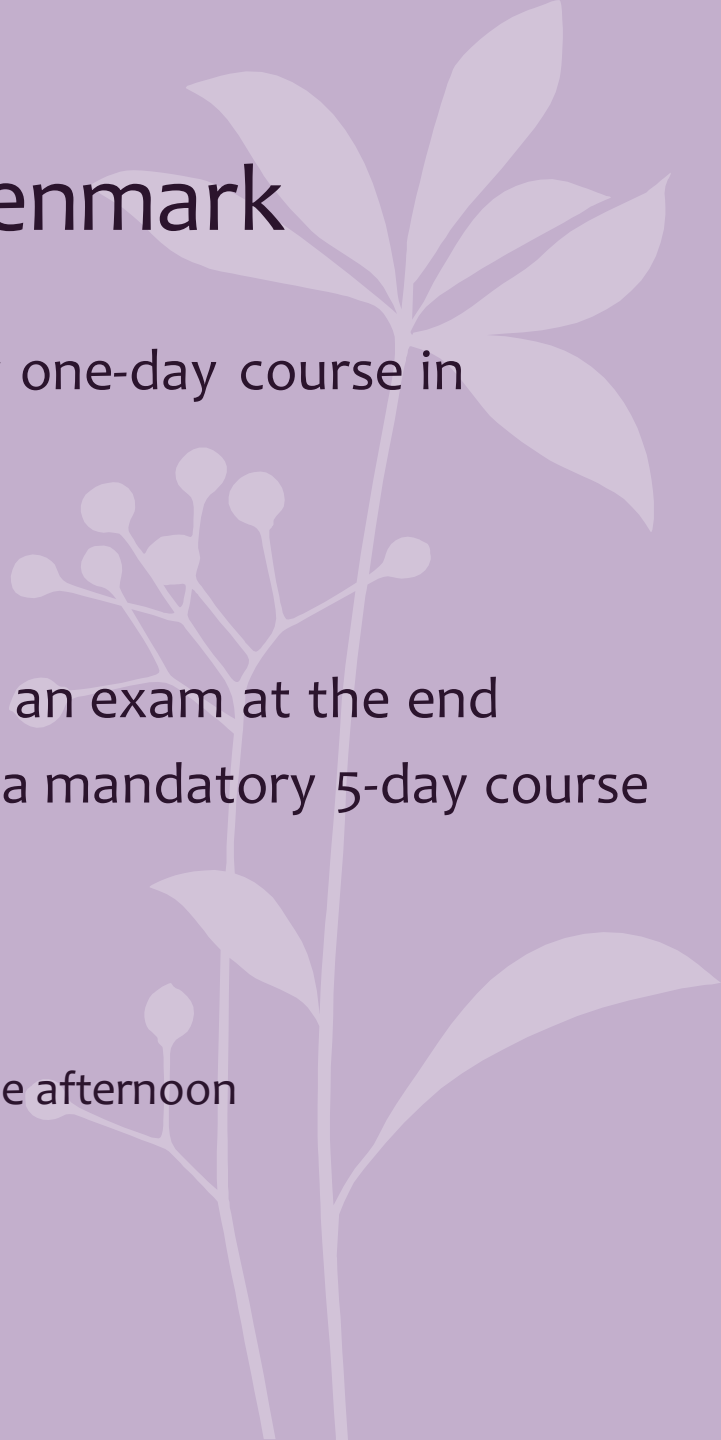
Laparoscopic training in Finland

- Examples of required laparoscopic operations by Turku University
 - diagnostic laparoscopy, sterilisation
10-20
 - minor laparoscopic surgery (ectopic pregnancy, ovarian cyst) 30-50
 - major laparoscopic surgery (myomectomy, endometriosis) 10
 - laparoscopic hysterectomy or LAVH
20-40



Laparoscopic training in Denmark

- In the first year of training a mandatory one-day course in
 - Laparoscopic instruments
 - Techniques
 - Introduction to simulators
- Mandatory training on a simulator with an exam at the end
- Passed simulation exam is required for a mandatory 5-day course of surgical skills
 - Including one day with training on a pig
 - 2-3 trainees per pig
 - Laparoscopy in the morning, laparotomy in the afternoon



Goals of training Denmark

- **Competence driven: Laparoscopy**



Description of competence	Learning strategy	Evaluation methods
Laparoscopic suturing (black box, LapSim)	Special mandatory course: Operative gynecology	Approved mandatory course
Perform <ul style="list-style-type: none">- Sterilisation- Adnex surgery- Salpingostomy/-ectomy- Ovarian cyst removal- Oophorectomy- Treat adnexal torsion- Parts of laparoscopic hysterectomy	Structured training with <ul style="list-style-type: none">- Laparoscopic simulation- Operations as primary and secondary surgeon- Supervised clinical work Surgical rotation	Structured observation (OSATS or OSALS) Approximately 50 operations (not including sterilisation)
Deal with acute laparoscopic complications		

OSALS or OSATS

- Objective structured assessment of laparoscopic / technical skill

	Level 1	Level 3	Level 5
Movements	Many unnecessary movements, lack of precision	Effective movements, some unnecessary	No unnecessary movement, maximal precision
Use of instruments	Inappropriate use of instruments	Nearly appropriate	Appropriate use
Use of time	Takes too much time	Takes little more time	Optimal time
Handling of tissues	Unnecessary traction on tissues, instruments out of view	Instruments sometimes out of view	Optimal handling of tissues, instruments in view
Flow of operation	Constant supervision needed for next step	Some stops and need for supervision	Undisturbed flow and maximal precision

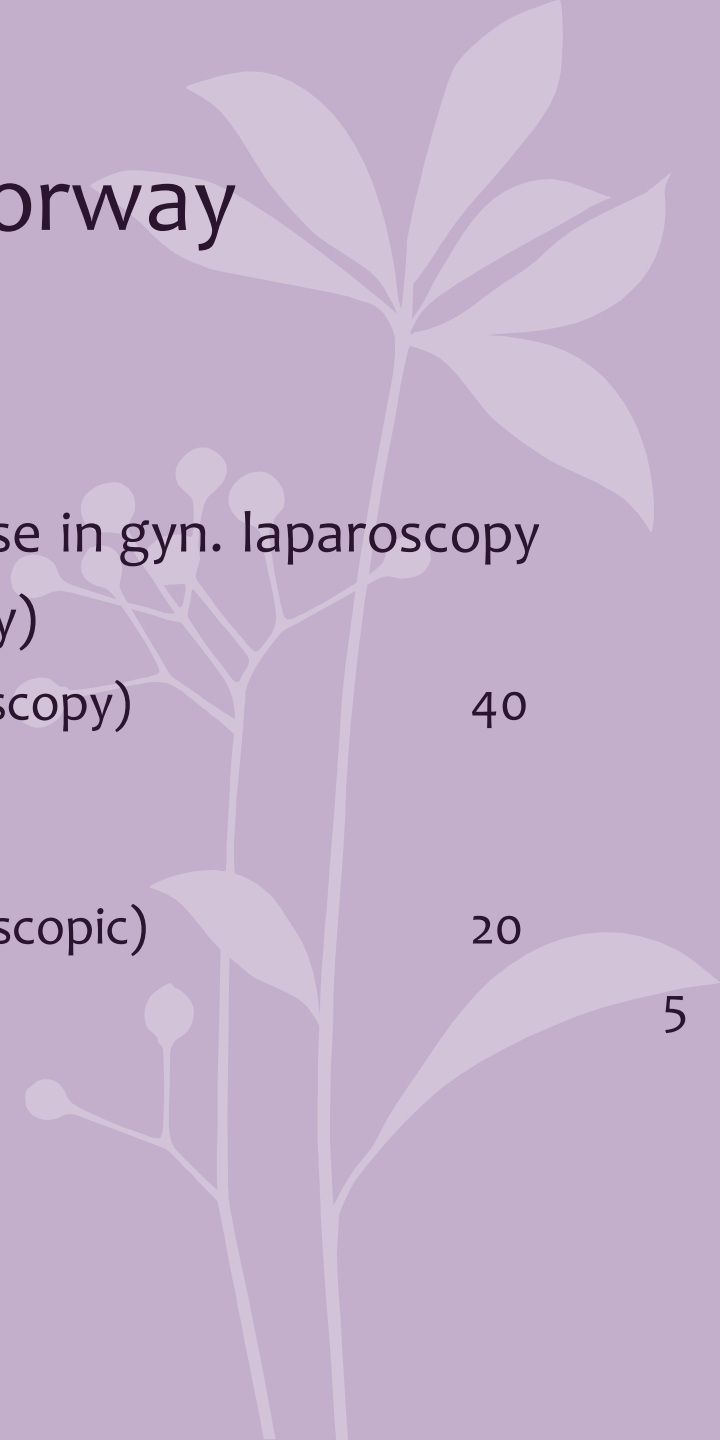
Laparoscopic training in Iceland



- 1st year
 - What equipment is used in the operating room
 - How are the operations done
 - Assist the primary surgeon and learn from watching
- 2nd year
 - Starting to learn to enter the abdomen with different methods
 - Participate more in the operations and start to do simple operations such as sterilisation with consultant as assistant
- 3rd -5th year
 - Continuous training in laparoscopy with more time in theatre and more complex operations
 - A mentor that should keep eye on learning
 - Most operations should be performed with mentor to ensure and assess progress

Laparoscopic training in Norway

- Quantitative logbook, not qualitative
- No mandatory courses, an optional course in gyn. laparoscopy
- Surgical goals (which include laparoscopy)
 - Operations on adnex (laparotomy or laparoscopy) 40
 - Diagnostic laparoscopy or sterilisations 40
 - Hysterectomy (abdominal, vaginal or laparoscopic) 20
 - Appendectomy (abdominal or laparoscopic) 5



Laparoscopic training in Sweden

- Recommendations according to the national checklists (decided by the national educational committee, SFOG)
 - Independently perform diagnostic laparoscopy, salpingectomy
 - With assistance perform a cyst enucleation, salpingo-oophorectomy
- No national requirements on simulation or basic skills course, each clinic decides their own requirements
- There are courses in laparoscopy but they are not mandatory
- No logbook or numbers of operations to be performed
- Impression of a trainee in a big hospital in Stockholm
 - “a trainee gets to perform a total of 10-15 independent laparoscopies”

Common concerns among trainees



- Declining number of procedures -> less operations for trainees
 - What can and should be done?
- How much surgery should there be in basic specialist training?
 - Should all trainees receive the same training?
- Ge knivet videre / ge kniven vidare
 - A project that started in Denmark and has been undertaken in Norway and Sweden since
 - Goal to encourage clinics and specialists to let trainees be the primary surgeon
 - A structured checklist to be used before and after an operation for feedback from the senior doctor
 - In Denmark organised as a competition between hospitals