

Phone interview with Dr Camran Nezhat
6th June 2006, 10:00 to 10:30am
Duncan Stevenson

LeRoy Heinrichs had arranged this time slot and was present at Dr Nezhat's rooms.

1. LeRoy's initial comments while waiting:
 - Dr Nezhat's experience in teaching includes:
 - One of three simultaneous live surgeries being shown in an auditorium
 - Teaching directly to surgeons in his OR
 - Extensive use of edited video of his own work
 - Question for the Sydney audience about how they felt about the discussion during the long lead time before surgery.
 - Note that Dr Nezhat used a way of removing the appendix that LeRoy had not seen before. Raises the question about the value of seeing other surgeons at work. Ask the other surgeons if they observed this difference. Later, Dr Nezhat noted that they had published this way of removing the appendix in 1985, published the use of staples in 1992 and had recently published an update 2005.
2. Dr Nezhat's initial comments
 - It was a rewarding teaching experience
 - The surgical fellows were interested in the concept of the remote transmission
 - The anaesthetic team and the nursing team were specially interested and focused on making the event a success
3. How did he find the quality of the audio and video?
 - Very good, just as if the Sydney audience were next door
 - [LeRoy noted that Dr Nezhat was wearing a VR headset so he couldn't see us.] Yes, but it felt like the door was open [to the audience in Sydney]
4. Did he have a good view of the Sydney audience during the initial discussions?
 - The view of the group was good but it would be improved with a camera operator in Sydney to zoom in on whoever was speaking.
5. LeRoy's role
 - In other such events there has always been an A/V person to handle technical issues but this is the first time he has had someone to handle the medical issues which he valued highly
 - He could concentrate on the surgery. In reply to LeRoy's question (Did LeRoy represent Dr Nezhat's intentions well [to the remote audience]?) he replied Yes, and by way of illustration noted that he was so immersed in his work [not needing to worry about information issues relating to the telecast] that LeRoy needed to ask him something three times before he noticed.
6. Comments about the event
 - The event had less hassle and appeared to run much more smoothly than other video recording/in vivo events he has taken part in. This was "really good"

- Usually something goes wrong and he has to deal with it, but this time he was able to concentrate on the surgery. He has been showing live surgery from the OR to somewhere outside the hospital since 1985/86.
7. Did he observe any difference in surgical culture between Australian and American surgeons from the early discussions or from questions?
- None that he was able to observe during this event.
8. Comparison with teaching in his own OR
- He did not know the makeup of the audience [surgical expertise] so perhaps he did not focus on them as much as he might have.
 - When he teaches surgical fellows in his own OR the junior ones tend to ask questions of the more senior ones before they ask him
 - The fellows don't usually ask questions during surgery
 - Endoscopic anatomy is very difficult and he sometimes tests his fellows to see what they know. (Surgery is about anatomy)
9. I need to go back to the video tapes to review the level of commentary from the audience during the actual surgery.