

## **Event Preparation**

### **Recruitment**

CSIRO colleagues, Duncan Stevenson and Chris Gunn have worked closely with Dr. Cregan. In May, 2004 we at SUMMIT worked with Dr. Cregan for an Australia medical simulation conference, SimTecT. For this event, Dr. Heinrichs brought Dr. Nezhat and Dr. Cregan together several times via phone conference to insure that all the surgeons could work together.

Dr. Cregan recruited the participants for the event.

### **Teaching: Methodology, Content, Roles, and Students**

Dr. Heinrichs, Dr. Nezhat, Dr. Cregan, and Dr. Youngblood participated in a phone conference in December to begin the initial planning for the teaching aspect of the surgery. Key decisions were made during that call regarding the type of surgery and all the surgeons felt that it would be better to have the initial event with residents, given that the Australian location had to be in a conference room, rather than a hospital. (The hospital is not yet networked for high-speed applications.) Dr. Youngblood discussed the evaluation possibilities for the event. All agreed that they shared a commitment to live surgery and valued the idea of using stereo to better enable the residents to see the surgical procedure. Two more phone calls were held to establish the date, to continue discussing the surgery, and to become better acquainted with the case and one another.

The surgeons agreed that it would be best to have a laparoscopic endometriosis case that had overlapping surgical specialties since some of the residents might be urologists and some might be training for ObGyn. Dr. Nezhat selected this type of case. Dr. Heinrichs prepared a set of slides regarding the anatomy of the pelvis to augment the stereo video transmission. He intended to have the students do some line drawings and to give them a quiz during the transmission.

Two days before the surgery we rehearsed with Dr. Linda Lewis and the CSIRO team to review the case and to map out the logistics of the OR: placement of microphones, camera, and computers. We reviewed the lighting to see what was optimal given the various constraints. Dr. Lewis is a surgical fellow with Dr. Nezhat so she was familiar with all of his procedures and requirements. In addition we discussed the sequencing of the event and her role as the person who would introduce the case to the residents.

On the day of the surgery we learned that the case that Dr. Nezhat intended to share with the residents had been cancelled. This change was not communicated to Dr. Cregan or Dr. Heinrichs in advance. The case turned out to be an appendectomy, rather than a complex endometriosis case.

### **Event Sequence (1 hour transmission)**

- Introductions
- Value of Stereo Equipment for Surgery and Surgical Simulation Dialogue between the 3 surgeons
- Review of case by Linda Lewis
- Surgical procedure: appendectomy
- Conclusion
- Evaluations