

The Lillehammer stipendium.

Report from Jeanne Mette Goderstad, trainee at Ullevål University Hospital in Oslo.

I was lucky and got the Lillehammer stipendium in Gothenburg 2006. **Thank you very much!**

I am interested in training and in laparoscopy and wanted to:

1. Go to a hospital where they are interested in training and have an education program in laparoscopy.
2. Improve my operating skills in laparoscopy.

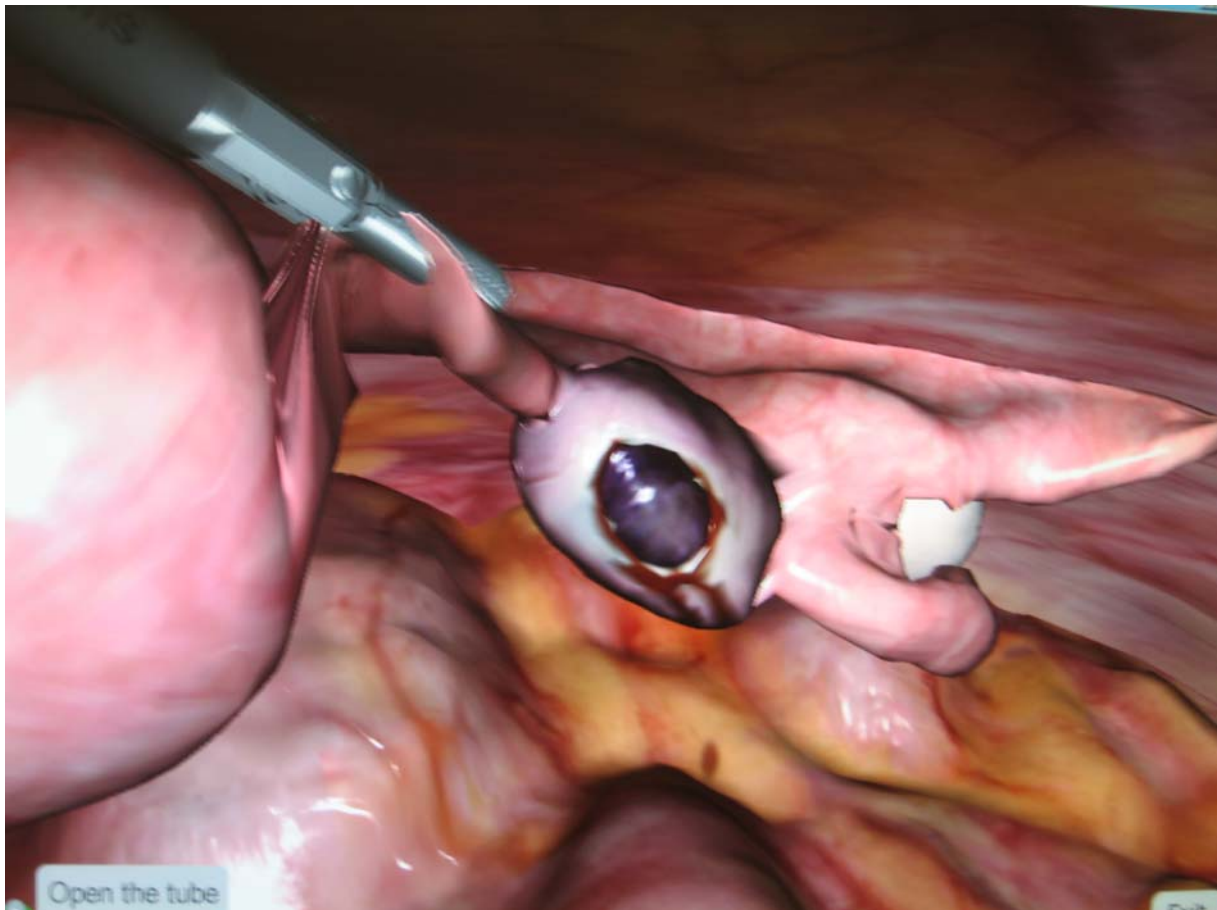
My first visit: Rigshospitalet, Copenhagen.



I spend two days at Rigshospitalet in Copenhagen in February 07. I contacted Christian Rifberg Larsen who is a research fellow working at the hospital. His work is to find out if training on the simulator makes you a better surgeon in the operating room. I find this research very interesting.

In Denmark they have an education program for trainees who got the education post (kursusstilling). I was introduced to the Danish model from Christian Rifberg Larsen and Jette Lid Sørensen. (consultant at the hospital, interested in training) I told them about the Norwegian model.

We discussed training in gynaecology. I tried the programs on the laparoscopy simulator. The program consist of figure models where you move, cut ore lift objects. There are exercises were we use diatermi, clips and suturing. One exercises simulate an ectopic pregnancy where you are supposed to do a salpingectomy ore a salpingotomy. When you finish the exercise you get a score, and you pass the test if you reach a certain level. This scoring system was stimulating and motivated the training. At Rigshospitalet they have the Lapsim system. At Ullevål we have another simulator developed by SimSurgery. It was useful to try another type of simulator.



the simulator- ectopic pregnancy exercise.

Results.

- I got ideas to how we can improve the education program at my hospital. Our education program must be more structured. We must have aims for the training and make operating skill requirements. Each exercise on the simulator must have a level the trainee must pass. We must set up training aims at the simulator and the boxes. Training time must be set up at the weekly program.
- I improved my skills in laparoscopi. (I made a better score on the simulator the last day compared to the first.)



Christian and the simulator.

2. Next stop: Guildford- London



Marit Lieng and I outside the MATTU

From the 13. to the 16. of June 2007, I joined a masterclass in advanced laparoscopy, at the University of Surrey. One of my colleagues is a student at this first master study in laparoscopy. I got in touch with one of the professors and told him about my scholarship and my interest for laparoscopy and training. I was welcome to take part at one of the masterclass modules. The subject on this module was endometriose.

The masterclass took place at MATTU. www.mattu.org.uk

MATTU = the Minimal Access Therapy Training Unit is an internationally recognised centre of excellence created for the teaching of innovative laparoscopic surgical techniques. The centre runs over 60 courses a year combining World –class teaching in all aspects of minimal access surgery.

This centre was impressive. They had lecture rooms with good equipment. The training room had 12 boxtrainers and one simulator.

The program for the module contained lectures with subjects like aetiology of endometriosis, symptoms, fertility and different treatment medically and surgically. There were a section where we were supposed to use literature (articles sent to us in advance) to argue for different treatment. One lecture was practical tips on how to implement a video into a document/presentation. We spent much time with hands on training in the skillslab (suturing technique, myomectomy, dissection) At the end we had a debate on subtotal versus total hysterectomy. The group was divided in two,

(this was done in advance so we could start the preparation at home) one pro subtotal the other pro total. We got time to prepare and used the internet to get information for our stands. We chose a speaker to present the groups point of view. The debate was a success.

Results.

I got inspiration and ideas on how to organize training. Marit Lieng (my colleague) and I started to work with the training program at my hospital. We have made a structured training program in laparoscopi. I am cooperating with SimSurgery on developing new training programs on the simulator and are planning a small project . I want to arrange pro et con debates among the trainees at my hospital. I learned a lot from the hysterectomy debate at the masterclass.

Thank you for the possibility to improve my skills in laparoscopy, to learn about how training can be organized and to be inspired!



Training on different surgical knots (on the plain on my way home)

Jeanne Mette Goderstad