

APPLICATION FOR SAGES AND ASCRS LAPAROSCOPIC COLON COURSE ENDORSEMENT

SAGES and ASCRS have partnered to create these Guidelines.

Each application will cover all courses presented by the Course Director during a one-year period, from the date the application was approved.

The fee for endorsement is \$750.00.

The term "endorsement" indicates that the joint Continuing Education Committee has carefully reviewed the concepts and objectives of the course as well as the faculty, course structure and content, laboratory involvement, if applicable, etc. in making the determination of SAGES and ASCRS endorsement. "Endorsement" does not in any way offer credentialing or grant approval to the participant regarding future skills or outcomes.

INSTRUCTIONS FOR SUBMISSION OF SAGES AND ASCRS COURSE ENDORSEMENT APPLICATION PREREQUISITE:

In order to be considered for SAGES and ASCRS endorsement, the course must meet the following regulations:

1. Course must be directed or coordinated by a surgeon who is certified by the American Board of Surgery (or equivalent) and has performed at least 50 laparoscopic colectomies.
2. Course Director must ensure that ACCME and FDA guidelines on disclosure of conflict of interest are adhered to.
3. CME credit should be available for all courses provided on a national level sponsored by societies or national organizations.
Local/Institutional courses should have the option to provide CME.
4. Courses must meet criteria for definition, objectives, qualification of faculty and participants, site, curriculum, components, endorsement documentation and grants as defined in the attached "Lap Colon Course guidelines".
5. Endorsement is valid for **one year from the date of endorsement**. If the Course Director wishes to extend endorsement for additional series of courses, (s)he must request for a **Course Re-application Form**.
6. Post course evaluations by participants are required **no later than one month after each scheduled course**.

BENEFITS TO COURSE DIRECTORS:

1. Courses will be listed on both the SAGES and the ASCRS Websites.
2. Courses will be included in *SCOPE*, SAGES bi-annual newsletter and *ASCRS News*, ASCRS's bi-annual newsletter.
3. The Course Director may include the Joint SAGES and ASCRS Endorsement Statement on promotional brochures and course materials.
4. We will provide a certificate of completion for the Course Director to distribute to attendees of the advanced course.

APPLICATION:

1. Fill out the application completely. Submit six (6) copies of all required documentation.
2. Reply will be received within 60 days after the application has been submitted. Course directors wishing endorsement in time to print it as part of the advance program or course material must allow sufficient time for the approval process.
3. Please submit the application fee and support materials directly to: **Aaron Goodman, SAGES, 11300 W. Olympic Blvd., Suite 600, Los Angeles, CA 90064**. For administrative information, please contact Aaron at 310-437-0544 ext 107 or aaron@sages.org
4. Endorsement is valid for one year.
5. The application will be reviewed by a joint committee of SAGES and ASCRS.

Application for Laparoscopic Colon Course Endorsement

INSTITUTION:

COURSE COORDINATOR/ADMINISTRATOR:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

FAX:

EMAIL ADDRESS:

COURSE TITLE:

COURSE DIRECTOR:

COURSE DATES:

LENGTH OF COURSE (Hours): _____

Didactic portion: _____ Hands on portion: _____

TYPE OF COURSE (circle): Basic Module Advanced

COURSE DIRECTOR: (check all that apply)

Certified by the American Board of Surgery (or equivalent)

Has performed at least 50 laparoscopic colectomies

Deleted: ve

WILL CME CREDITS BE ISSUED? YES NO

IF YES, BY WHAT ORGANIZATION/INSTITUTION:

IF NO CME WILL BE OFFERED, PLEASE EXPLAIN:

FACULTY LIST Submit names of people that will serve as faculty for course(s) - attach another sheet if necessary. Please indicate that each faculty member has an experience of 50 or more Laparoscopic Colectomies and whether or not the individuals are SAGES members or ASCRS members. For all NON-MEMBER faculty, please submit a brief biography or summary of training that indicates experience in the area being covered. Do not send full CVs.

FACULTY NAME:	EXPERIENCE Of 50+ LAPAROSCOPIC COLECTOMIES	SAGES or ASCRS MEMBER?

TRAINING CENTER FACILITY

Please give a brief description of the classroom facilities, including number of rooms available for lectures, approximate number of seats in each room, etc.

Please indicate if the facility has the following:

___ Air conditioning ___ Heat ___ Teleconferencing capabilities

Please indicate if the facility has an animal laboratory: ___ YES ___ NO

If relevant, please give a brief description of the laboratory facilities, including the number of tables in the laboratory, veterinarian or lab tech on staff, etc.

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION

(Submit six (6) copies of all required documentation)

1. COMPLETED APPLICATION

Submit six (6) copies of the completed application, including faculty list and biographies.

2. COURSE CURRICULUM

Submit course brochure, including written objectives and course outline. A rough draft is acceptable.

3. \$750.00 APPLICATION FEE (per course)

Please make check payable to **SAGES**. This is a non-refundable fee.

I HAVE READ AND ACCEPT THE GUIDELINES AND WILL ABIDE BY THEM.

SIGNATURE: _____ DATE: _____

Guidelines for Laparoscopic Colectomy Course

Focus Group on Laparoscopic Colectomy Education as endorsed by the American Society of Colon and Rectal Surgeons (ASCRS) and the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)

I. Introduction

The Focus Group on Laparoscopic Colectomy Education was convened and has developed a guideline for educating trained surgeons in the use of laparoscopic colectomy for colorectal disease. This guideline has been developed to address the increased interest in laparoscopic colectomy for cancer. The group has made recommendations regarding the content, faculty, and training model for hands on courses in laparoscopic colorectal surgery. This guideline is intended to assist societies, course directors, teaching institutions, and national organizations in developing training programs for their members and accrediting courses, which are provided by the members on a local level. This recommendation for training was developed by a focus group of individual colorectal surgeons and industry representatives with extensive experience in

training fellows in ACGME-approved training programs, teaching in a laparoscopic training program sponsored by the Association of Program Directors in Colon and Rectal Surgery, and training general surgeons in industry and institutional-sponsored training programs. The group was convened at Washington University in St. Louis in July 2004 and again at the annual meeting of the American College of Surgeons in New Orleans in October 2004.

II. Basic Module

1. General Objectives: To provide the practicing surgeon (general and colorectal) as well as the residents/fellows with exposure to basic skills in laparoscopic techniques which form the basis for laparoscopic colectomy and to provide the basic information regarding indications, complications, and special considerations for laparoscopic colectomy.
2. Curriculum
 - a. Didactic (8 hours)
 - i. Instrumentation
 - ii. Operating Room set up (right, left, total, rectal)
 - iii. Insufflation
 - iv. Anatomy
 - v. Tissue handling
 - vi. Complications – general
laparoscopic/laparoscopic colorectal
 - vii. Indications/Contraindications
 - b. Porcine Lab (8 hours)
 - i. Basic Skills
 1. Safe trocar insertion and pneumoperitoneum
 2. Tissue handling/dissection/retraction
 3. Camera control
 4. Energy sources
 5. Vascular control
 6. Bowel division and anastomosis
 7. Use of gravity for retraction
 8. Eye-video-hand coordination and surgeon positioning
 - ii. Procedures Lab
 1. Simulated appendectomy with uterine horns-bilateral
 2. Tack and drain of bladder
 3. Mobilize rectum along aorta and into pelvis
 4. Divide rectum and perform EEA at multiple levels
 5. Small bowel resection and intracorporeal anastomosis
 6. Dissect cecum from terminal ileum and spiral colon
 7. Cecectomy
 8. End colostomy and colostomy closure

9. Splenectomy (to simulate vascular control)
10. Small bowel suturing

3. Faculty

- a. Course Director: A surgeon who is certified by the American Board of Surgery (or equivalent) a Fellow of the American College of Surgeons (FACS) and has performed at least 50 laparoscopic colectomies and who is willing to proctor and/or preceptor trainees.
 - b. Instructor: A surgeon who is certified by or eligible for certification by the American Board of Surgery (or equivalent) and has performed at least 50 laparoscopic colectomies.
 - c. Faculty to Student Ratio: A minimum of one faculty member to three tables with three surgeons at each table (1:9). A lower faculty to surgeon ratio (1:6) is strongly encouraged.
4. Facility: An animal laboratory equipped with at least two tables, all of which move to Trendelenberg position and tilt right or left, is required. Each table should have one video tower with insufflator, light source, and camera. Each animal should be monitored and a veterinary tech should be available to manage the anesthesia for the group of animals. The animal facility must meet FDA, AALAC, or IACUC guidelines.
5. Participant Qualification: Senior Residents/ Fellows in training, colorectal surgeons with no/limited laparoscopic experience (<20 cases), general surgeons with no/limited laparoscopic colorectal experience (<20 cases) and with significant potential for colorectal cases.
6. Certificate of Participation: The basic course will **not** provide adequate training for laparoscopic colectomy. Hospitals will have to be informed that an advanced course is needed to obtain additional training that provides further experience in laparoscopic colectomy. The certificate of participation will state that the participant has completed this course in preparation for attending a subsequent advanced course.

III. Advanced Module

1. General Objective: To provide the practicing general or colorectal surgeons (general and colorectal) and residents/fellows with the technical skills, video anatomic recognition, methods of retraction, exposure, and vascular ligation which will allow the right, left, transverse, and sigmoid colon and rectum to be safely removed.
2. Curriculum
 - a. Didactic (2 hours – generally 1 hour for right and transverse colon, 1 hour [at lunch] for left colon and rectum)
 - i. Operating room set up and instrumentation
 - ii. Review of complications
 - iii. Video review of right, left, transverse, and

- iv. sigmoid colectomy and rectal resection
Hand-assisted approach

b. Cadaver Lab (6 hours)

- i. Universal precautions
- ii. Positioning, surgeon alignment
- iii. Right colectomy – medial, lateral, posterior approaches
- iv. Sigmoid colectomy – medial, lateral approaches
- v. Transverse colectomy – laparoscopic and hand-assisted approach
- vi. Rectal resection – laparoscopic and hand-assisted approach
- vii. Ureter identification, nerve preservation, splenic flexure mobilization, hepatic flexure mobilization, duodenal protection, small bowel retraction, omental preservation, omentectomy

3. Faculty

- a. Course Director: A surgeon who is certified by the American Board of Surgery (or equivalent) FACS and recognized as an expert in laparoscopic colectomy, having performed at least 50 laparoscopic colectomies and taught laparoscopic colectomy to residents/fellows or other practicing surgeons.
- b. Instructor: A surgeon who is certified by or eligible for certification by the American Board of Surgery (or equivalent) FACS and has performed at least 50 laparoscopic colectomies.
- c. Faculty to Student Ratio: Each cadaver should be accompanied by one instructor. Each cadaver may have two to three students (one to drive the camera, two operating – rotating with each segment).

4. Facility: A laboratory with the capacity for four to ten stations is optimal. The thawed fresh frozen cadaver should be prepared (wrapped) to prevent spillage of fluid. Tables must be able to provide Trendelenberg position and tilt to the right and left. Each table should be equipped with a video tower with insufflator and camera/light source. Although a veterinary tech is not needed, an adequate number of technical personnel should be available. The lab facility should conform with accepted guidelines (nationally or locally) for cadaver-based courses.

5. Participant Qualification: The use of a cadaver to train surgeons to perform laparoscopic colectomy should be limited to the following groups:

- a. General or Colorectal surgeons performing >25 colectomies per year with:
 - i. advanced laparoscopic experience **or**
 - ii. experience in a basic laparoscopic colectomy course and experienced laparoscopic surgeons as partners who will mentor General surgeons

- performing 25 colectomies per year with:
 - iii. advanced laparoscopic experience **or**
 - iv. experience in a basic laparoscopic colectomy course and experienced laparoscopic surgeons as partners who will mentor
- b. Advanced laparoscopic surgeons and/or senior surgical residents or fellows with the potential for >25 colectomies per year

A prerequisite for participation in an advanced course is demonstration of the availability of a mentor or preceptor who has a significant number of experience with laparoscopic colectomies or other advanced laparoscopic procedures). All of the above must show evidence of the availability of a mentor or preceptor who will help the student/trainee through the learning curve. Proof should be in the form of a letter from said mentor/preceptor. A preceptor should be available for the trainee's first case, as a minimum.

- 6. Certificate of Participation: The advanced course will provide a certificate of participation that will attest to the participant's completion of a cadaver course covering all aspects of laparoscopic colectomy. The certificate is not a measure of competence. However, the course director must be willing to withhold issuance of a certificate to those individuals who have not demonstrated, to the satisfaction of the director, the ability to safely and satisfactorily complete a laparoscopic colectomy. Such an individual may apply for participation in subsequent courses. The certificate of participation may be presented by the participant to hospital credentialing committees as evidence that the practitioner can perform laparoscopic colectomy. It is suggested that the course director develop a score sheet for each participant to be completed by each instructor for all participants at the cadaver table (Appendix 1). These records should be maintained on file for each practitioner.

IV. Continuing Medical Education (CME)

CME credit should be available for all courses provided on a national level sponsored by societies or national organizations. Local/institutional courses should have the option to provide CME.

V. Syllabus

Each course should be accompanied by a syllabus consisting of a current bibliography, articles that provide technical points, diagrams of OR set-up, positioning and instrument placement, anatomic drawings of important landmarks for each approach (medial, lateral, posterior) to colectomy. Objectives, goals, and a course curriculum should be provided with the syllabus. A step-wise approach to colectomy should be provided. The syllabus should be updated yearly.

VI. Data Collection

A pre- and post-course as well as a one-year adoption of technique survey should be performed by the course director (Appendix 2). Course participants should agree to participate in a registry, which collects not only case numbers, but also outcomes of their technique. Once such example is the web-based SAGES surgical registry.

Appendix 1

Laparoscopic Colectomy Cadaver Course Participant Evaluation Sheet

Date

Institution

Participant Name: _____

YES

NO

Video Review

Right colectomy	_____	_____
Left colectomy	_____	_____
Rectal dissection	_____	_____

Technical Aspects

Circle Appropriate Answer
(1 = unsatisfactory to 5 = superior)

Trocar Placement	1	2	3	4	5
Camera operation	1	2	3	4	5
Works in line with pathology/camera	1	2	3	4	5
Handles tissue carefully	1	2	3	4	5
Understands vascular control	1	2	3	4	5
Identifies planes for dissection	1	2	3	4	5
Identifies ureter	1	2	3	4	5
Understands traction/countertraction	1	2	3	4	5
Understands approaches to colectomy	1	2	3	4	5
Right medial	1	2	3	4	5
Right lateral	1	2	3	4	5
Right posterior	1	2	3	4	5
Left medial	1	2	3	4	5
Left lateral	1	2	3	4	5
Rectal posterior	1	2	3	4	5
Omentectomy	1	2	3	4	5

Omental preservation	1	2	3	4	5
Transverse colectomy	1	2	3	4	5
Hand assisted approaches to above	1	2	3	4	5

Participant Signature

Date

Instructor Signature

Date

Appendix 2

Laparoscopic Colectomy

Pre-course Evaluation

1. How many laparoscopic colectomies did you perform during:
 - a. Residency
of these, # for cancer _____ # for benign disease _____
 - b. Fellowship
of these, # for cancer _____ # for benign disease _____
 - c. Practice
of these, # for cancer _____ # for benign disease _____

2. How many open or laparoscopic colectomies do you perform in an average month?
 - <5
 - 5-10
 - 10-20
 - 20-50

3. Have you performed other laparoscopic procedures?
 - Yes
 - No

If yes: # in past 12 months.

Basic laparoscopy:

<input type="checkbox"/> Cholecystectomy	_____
<input type="checkbox"/> Appendectomy	_____
<input type="checkbox"/> Inguinal hernia repair	_____

Advanced laparoscopy:

<input type="checkbox"/> Ventral hernia repair	_____
<input type="checkbox"/> Nissen fundoplication	_____
<input type="checkbox"/> Gastric bypass or resection	_____
<input type="checkbox"/> Gastric banding	_____
<input type="checkbox"/> Nephrectomy	_____
<input type="checkbox"/> Adrenalectomy/splenectomy	_____
<input type="checkbox"/> Other advanced procedures	_____

4. Do you have partners who perform laparoscopic colectomy?
 - Yes
 - No

5. Do you have partners who perform advanced laparoscopic surgery?
- Yes
 - No
6. Does your hospital have an “internal” preceptor for you to begin laparoscopic colectomy?
- Yes
 - No
7. Why are you taking this course? (check all that apply)
- COST Study NEJM 2004 results
 - Losing patients to surgeons performing laparoscopic colectomy
 - Laparoscopic colectomy provides recovery benefits over open colectomy
 - Laparoscopic colectomy is an important tool in surgeon’s armamentarium
 - Patients are demanding laparoscopic colectomy
 - GI referrals are demanding laparoscopic colectomy
8. Which of the following prompted you to select this course? (check all that apply)
- Course location
 - Faculty
 - Cost
 - Hands on lab
 - Cadaver model
 - Student/Instructor ratio
 - Hand-assisted technique
 - Lecture topics
 - Videos of procedures
9. Have you attended any of the following? (check all that apply)
- Basic Laparoscopic Techniques Course
Date:_____
 - Hands On Animal Course on Lab Colectomy
Date:_____
 - Hands On Cadaver Course on Lap Colectomy
Date:_____
 - Advanced Laparoscopic Techniques Course
Date:_____

Laparoscopic Colectomy

Post Course Evaluation

1. Are you now ready to perform a laparoscopic colectomy for (check all that apply)
 - Right colon cancer
 - Left colon cancer
 - Rectal cancer
 - Diverticulitis
 - Colon polyps

2. How many laparoscopic colectomies for benign disease will you perform before attempting a laparoscopic colectomy for cancer?
 - 0
 - 1-5
 - 5-10
 - 10-20
 - >20
 - <50

3. Will you use hand-assisted techniques?
 - Yes
 - No

4. Will you attend another laparoscopic colectomy course in the next year?
 - Yes
 - No

5. Would you recommend this course to other interested surgeons?
 - Yes
 - No