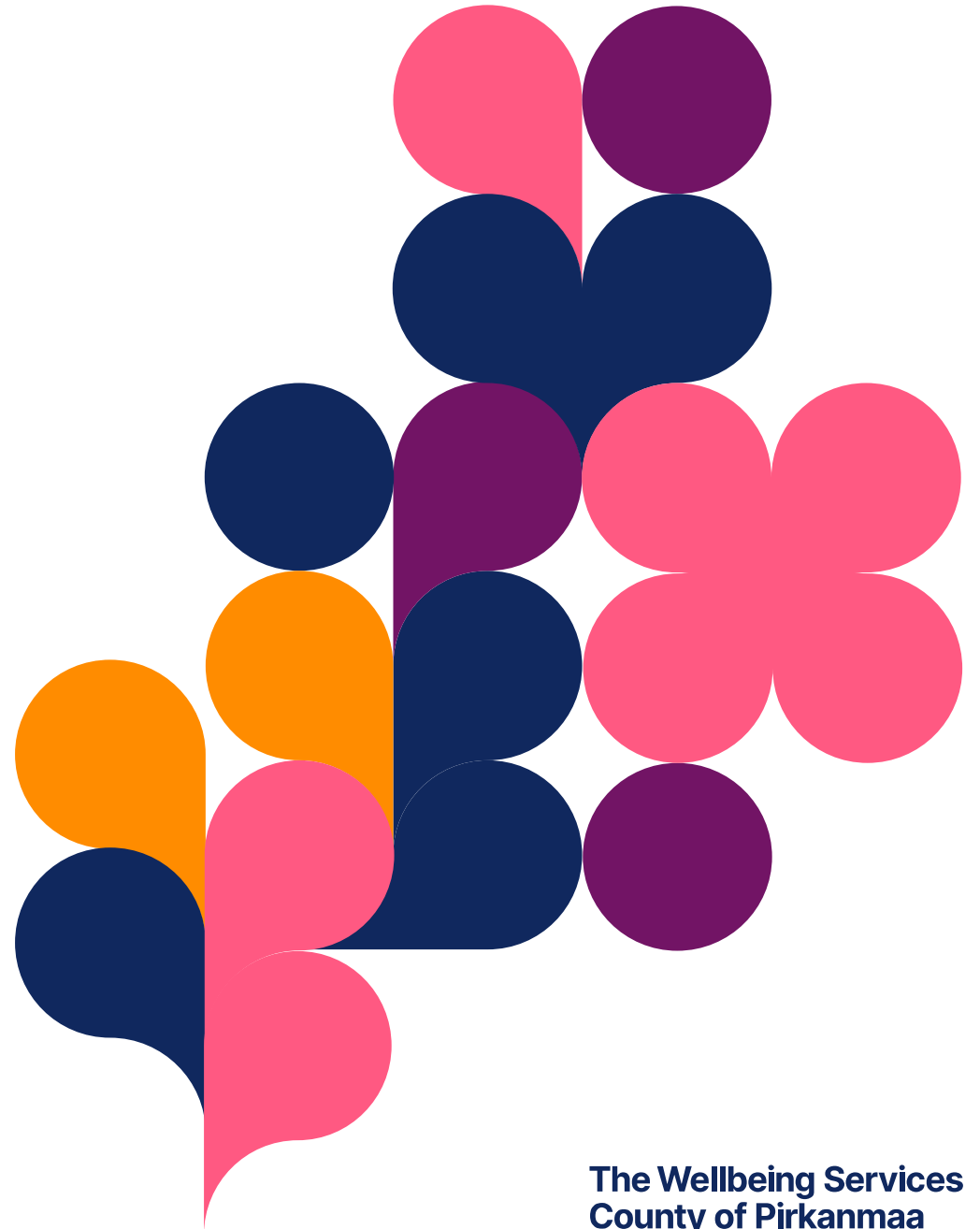


How to exceed in surgery

Thea Veitonmäki





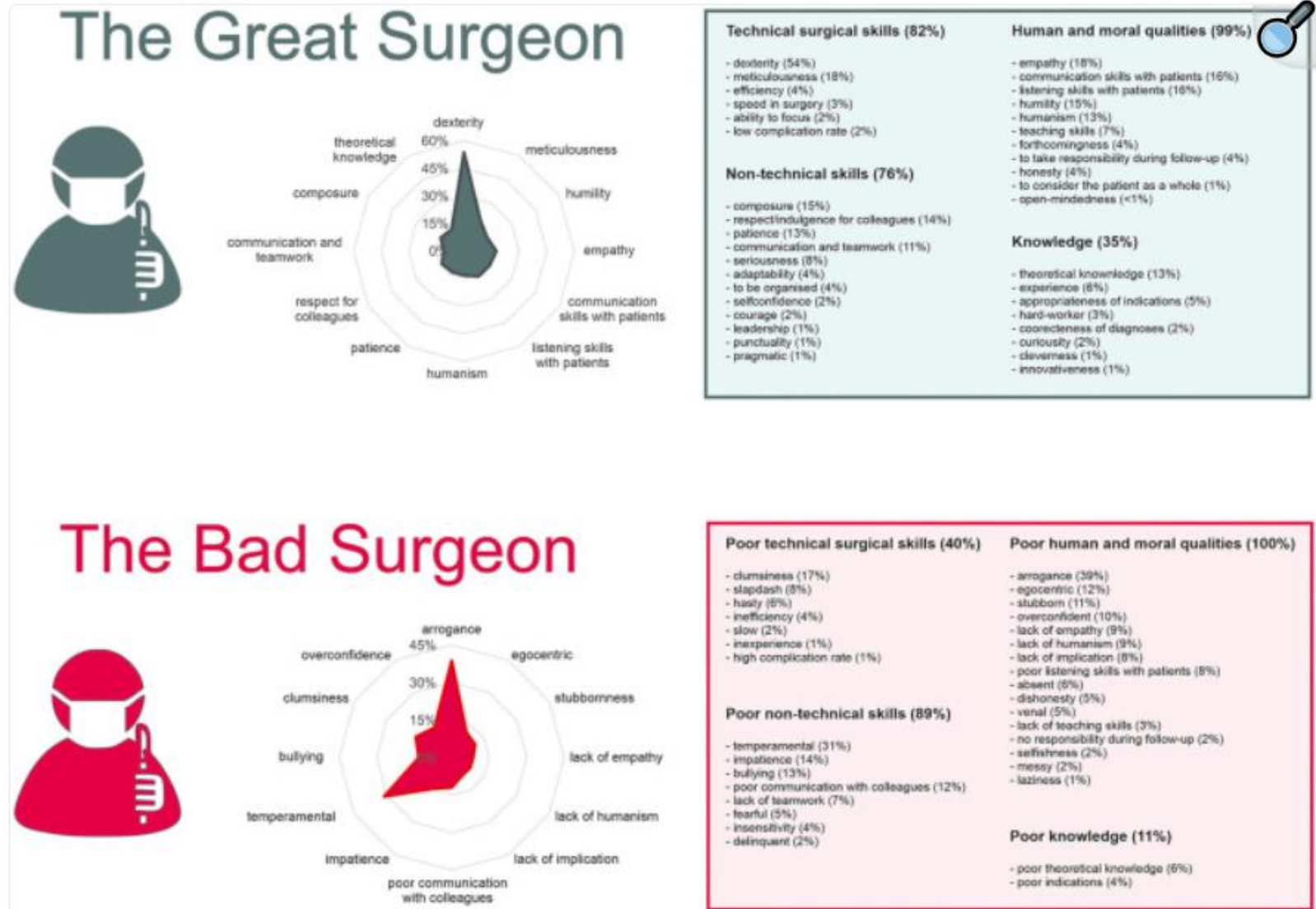
Definition of a great surgeon

What defines a great surgeon? A survey study confronting perspectives

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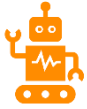
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- **4760 qualities and 4,374 shortcomings from 1,620 respondents** including 385 surgeons, 291 patients, 565 operating theater (OT) health professionals, and 379 non-OT health professionals.
- The main three qualities **were dexterity (54% of respondents), meticulousness (18%), and empathy (18%)**.
- Compared with surgeons, non-OT health professionals and patients put more emphasis on human qualities (29 vs. 39% and 42%, respectively, $p < .001$).
- OT health professionals referred more to NTS than surgeons (35 vs. 22%, $p < 0.001$).
- Knowledge was more important for surgeons (19%) than for all other professional categories ($p < 0.001$).

AI definition of a great surgeon



Technical Skill and Knowledge

Precision: Displays excellent hand-eye coordination and attention to detail to perform surgeries safely and effectively.

Expertise: Has a solid understanding of anatomy, medical conditions, and surgical techniques, with the ability to apply this knowledge in practice.

Continuous Learning: Actively pursues further education and stays up-to-date on new techniques and medical advancements.

Problem-Solving: Remains flexible and resourceful when unexpected challenges arise during procedures.



Sound Decision-Making

Critical Thinking: Analyzes complex situations to determine the best approach for the patient.

Risk Assessment: Carefully weighs the benefits and risks of different treatment options.

Preparedness: Plans thoroughly and anticipates potential complications, ready with solutions if needed.



Empathy and Communication

Patient Care: Takes the time to understand patients' concerns, explains procedures clearly, and respects their preferences.

Team Collaboration: Works effectively with other healthcare professionals to ensure cohesive care.

Reassurance: Builds trust with patients and families by addressing their fears with empathy and clarity.



Ethical Integrity

Advocacy: Puts patients' well-being first and prioritizes their needs in all decisions.

Transparency: Communicates honestly about risks, outcomes, and treatment options.

Professionalism: Maintains confidentiality and upholds ethical standards in all interactions.



Resilience and Focus

Endurance: Can sustain concentration and energy during lengthy and challenging surgeries.

Composure: Stays calm and focused under pressure, even in high-stress situations.

Self-Care: Balances personal well-being to ensure long-term effectiveness as a surgeon.



Commitment to Excellence

Attention to Detail: Ensures thorough care in all aspects, from preparation to follow-up.

Accountability: Takes responsibility for outcomes and continuously seeks improvement.

Teaching and Mentorship: Shares knowledge and skills to train and inspire future surgeons.

Innovation: Seeks new ways to improve surgical techniques and enhance patient care.

- video-based evaluation of robot-assisted partial nephrectomy,
- 10 urological surgeons participating in a surgical collaborative in Michigan from July 2021 to September 2022.
- Each surgeon submitted up to 7 videos performing robot-assisted partial nephrectomy. Videos were segmented into 6 key steps, yielding 127 video clips for analysis. Each video clip was deidentified and distributed to at least 3 of the 24 blinded peer surgeons from the collaborative who also perform robot-assisted partial nephrectomy. Reviewers rated technical skill and provided written feedback.
- Reviewers scored each video clip using a validated instrument to assess technical skill for partial nephrectomy on a scale of 1 to 5 length
- Among the 27, 3 (11%) were female, and the median age was 47 (IQR, 39-52) years.
- performance score ranged from 3.5 to 4.7 points with a mean (SD) of 4.1 (0.4) points. **Greater skill was correlated with significantly lower rates of LOS greater than 3 days** (-6.8% [95% CI, -8.3% to -5.2%]), **EBL greater than 500 mL** (-2.6% [95% CI, -3.0% to -2.1%]), **PSM** (-8.2% [95% CI, -9.2% to -7.2%]), **ED visits** (-3.9% [95% CI, -5.0% to -2.8%]), **and readmissions** (-5.7% [95% CI, -6.9% to -4.6%]) (P < .001 for all). **Higher overall score was also associated with higher partial nephrectomy volume** (β coefficient, 11.4 [95% CI, 10.0-12.7]; P < .001).
- **higher technical skill was associated with lower rates of adverse clinical outcomes**

> [JAMA Netw Open](#). 2024 Jul 1;7(7):e2421696. doi: 10.1001/jamanetworkopen.2024.21696.

Surgeon Skill and Perioperative Outcomes in Robot-Assisted Partial Nephrectomy

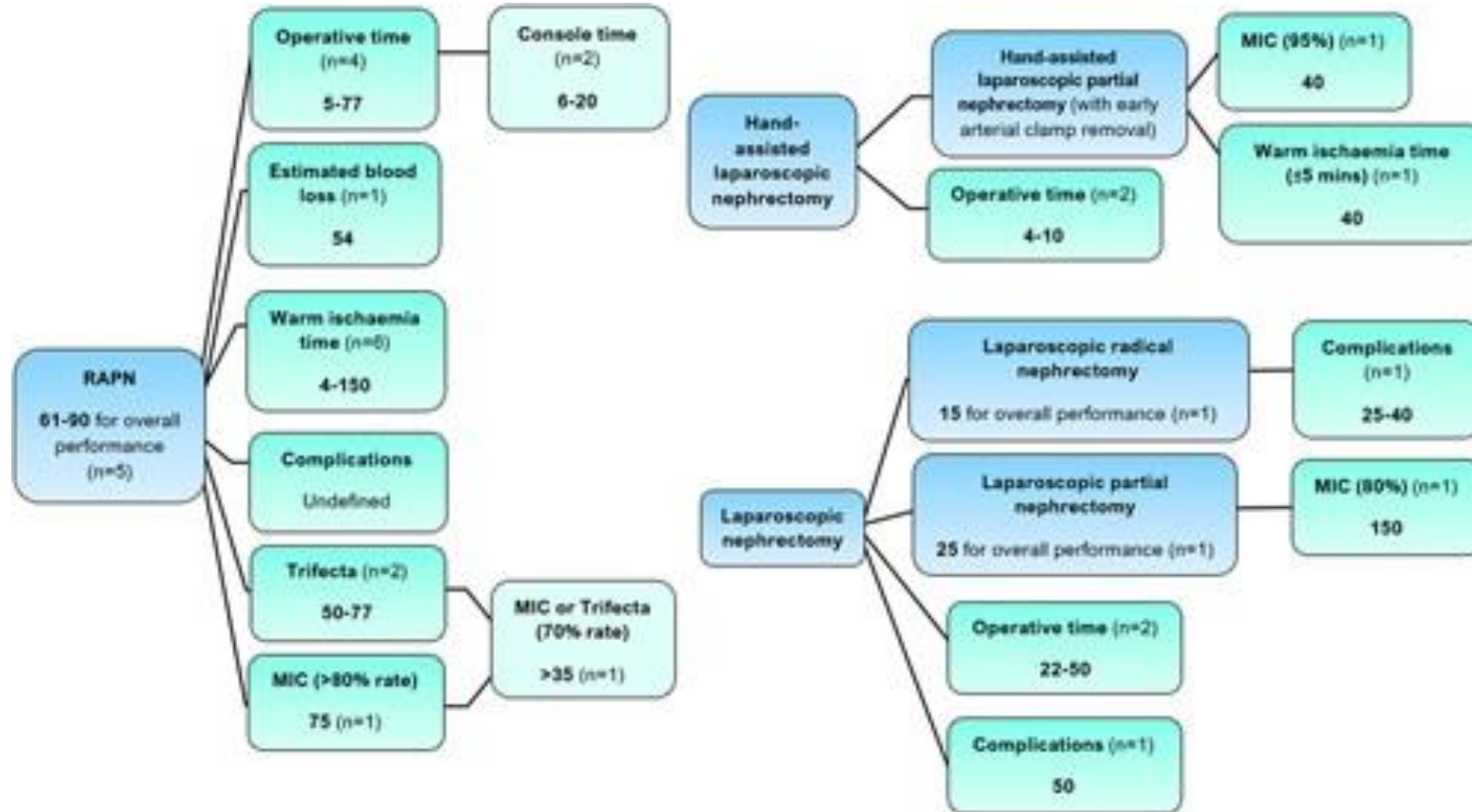
Yuzhi Wang ¹, Samantha Wilder ¹, Mahmoud Hijazi ², Marquisha D Myles ¹, Mahin Mirza ², Monica Van Til ², Thomas Maatman ³, Khurshid R Ghani ², Brian R Lane ⁴ ⁵, Craig G Rogers ¹; Michigan Urological Surgery Improvement Collaborative

Affiliations + expand

PMID: 39008300 PMCID: [PMC11250260](#) DOI: [10.1001/jamanetworkopen.2024.21696](#)

The learning curves of major laparoscopic and robotic procedures in urology: a systematic review

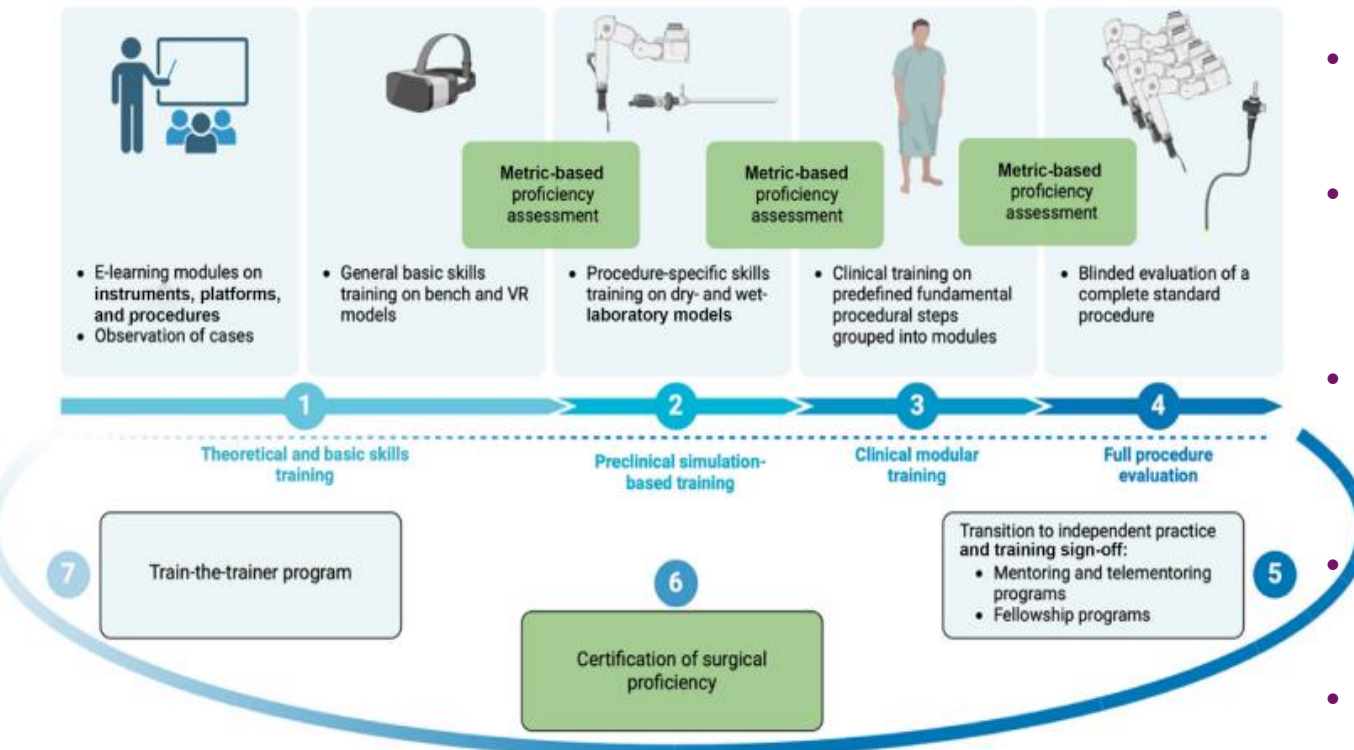
Baldev Chahal¹, Abdullatif Aydin^{1 2}, Mohammad S A Amin³, Azhar Khan^{2 4},
Muhammad S Khan⁴, Kamran Ahmed^{1 2}, Prokar Dasgupta^{1 4}



- Systematic review of 97 studies
- operative time (OT), estimated blood loss, complication rates, warm ischemia time, procedure-specific outcomes

Proposal for a comprehensive and standardized modular training pathway based on current evidence and expert recommendations

EUROPEAN UROLOGY 86 (2024) 130–145



- (1) Theoretical and basic skills training: online training on instruments, platforms, and theoretical aspects of surgical procedures. observation designated surgical procedures
- basic skills simulation-based training on virtual reality (VR) and bench-top models is conducted,
- (2) Preclinical simulation-based training: procedure-specific simulation-based training is carried out in dry- or wet-laboratory (if available)
- (3) Clinical modular training: fundamental steps of the surgical procedure are identified via a Delphi consensus among experts and the complexity of each is ranked.
- (4) Full procedure evaluation: the trainee carries out a full standard procedure
- (5) Transition to independent practice and training sign-off:
- (6) Certification of surgical proficiency:
- (7) Train-the-trainer program: surgeons who complete all the steps of the training curriculum and receive certification for independent surgical practice may become trainers.

Non-technical skills

- cognitive and social skills by which surgeons make and execute decisions in the perioperative environment.
 - **Leadership**
 - **communication and teamwork**
 - **situation awareness**
 - **decision making.**
- teachable and can be evaluated and refined over time.
- Lapses in these abilities are responsible for a **large proportion of medical errors.**
- Systems errors, rather than isolated technical mistakes, contributed to the adverse outcome in up to 86% of cases
- The 2010 Scottish Audit of Surgical Mortality reported that only 4.3% of adverse operative events were related to technical errors, **most complications resulted from poor decision making**
- Implementation of the WHO surgical checklist is an acknowledgment and an example of the importance of nontechnical skills in improving the care of surgical patients.

Stucke et al 2021

The Non-Technical Skills for Surgeons (NOTSS) system



The Non-Technical Skills for Surgeons (NOTSS)

System Handbook v2.0

Structuring observation, feedback and rating of surgeons' behaviours in the operating theatre

Decision Making
Communication & Teamwork
Leadership
Situation Awareness

- behavioural rating system developed by a multi-disciplinary group comprising psychologists, surgeons, and anaesthetists in 2006 Aberdeen, Scotland.
- describes the main observable non-technical skills associated with good surgical practice
- can be used to observe and rate surgeons' behaviour in theatre in a structured manner and allow a clear and transparent assessment of training needs to be made.

Table 1

Situation Awareness	Gathering information
	Understanding information
	Projecting and anticipating future state
Decision Making	Considering options
	Selecting and communicating option
	Implementing and reviewing decisions
Communication & Teamwork	Exchanging information
	Establishing a shared understanding
	Co-ordinating team activities
Leadership	Setting and maintaining standards
	Coping with pressure
	Supporting others

ACHIEVING EXCELLENCE IN SURGERY

Mentorship	Have a role model and a trustworthy advisor
Technical skills are essential, yet not sufficient	Balance good technical skills with knowledge and common sense
Seek to benefit your patients and not your recognition	Walk away from narcissistic concepts and adulation
First, "do no harm"	Don't be reckless with other people's lives
Operate slowly and think quickly	Remain calm, think through your maneuvers, and execute them accurately
Make surgery look simple	Don't be ostentatious
Be patient	Don't let anxiety determine the outcome of the surgery
Motivate your team	Lead and support your surgical team
Enjoy your work	Find pleasure and passion in surgery
Manage fear and know your limits	Feel fear and thrive on it; audit your results and study your limits
Learn from your mistakes and share your knowledge	Learn from mistakes and share your knowledge with others; ask for help when needed
Relate to your patients, bring them comfort and relief	See the patient as a whole and accompany them through the process of illness
Be grateful and humble	Honor your mentors by "paying it forward"
Balance your life	Work while focused on your patients and live life focused on your family and friends
Be a good person	Above everything else, be humane

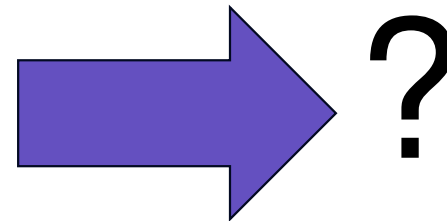
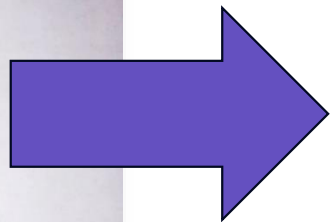
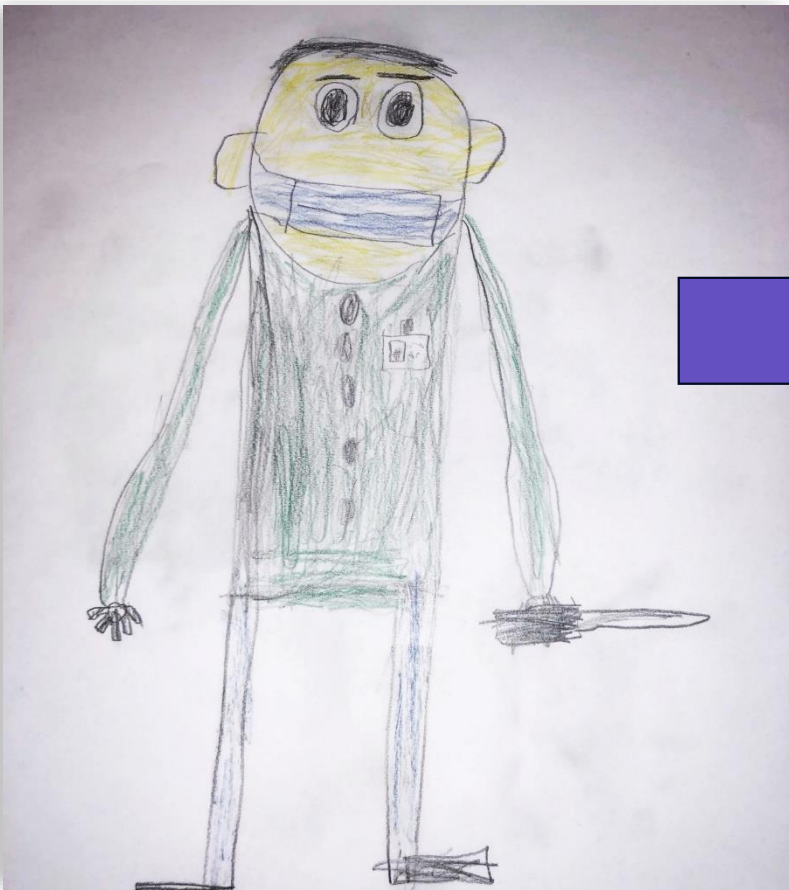
How to exceed in surgery

Excellence in surgery: Becoming the "best" you can be

by EDUARDO DE SANTIBAÑES, MD, PHD, FACS(HON), ASA(HON), ESA(HON), FRCSED(HON), VIRGINIA CANO BUSNELLI, MD AND CARLOS A. PELLEGRINI, MD, FACS, FRCSI(HON), FRCS(HON), FRCSED(HON)

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Thank you

