

**Design:** Prospective Cross-Sectional Analysis.

**Setting:** N/A

**Patients:** 341 practicing OB/GYN's and Surgeons across the United States.

**Intervention:** Administration of validated electrosurgical questionnaire.

**Measurements and Main Results:** 24 multiple-choice questions were developed encompassing three categories: principles, safety, and technique. The questionnaire was validated by face and content validation. Invitations to participate were sent to attendings, fellows and residents of Obstetrics & Gynecology and Surgery. The survey was administered by paper and web-based questionnaire. **RESULTS:** This instrument was successfully validated as an appropriate instrument by content validation. 341 people responded to the survey from 32 different states. 272 (80%) were OB/GYN's and 69 (20%) were from surgical specialties. 220 (65%) were residents, 23 (6%) were fellows, and 98 (29%) were attendings. The average score was 37.8% ( $\pm 18.0\%$ ). No significant difference was found amongst the different specialties. Significant differences were observed amongst the different PGY years, with better scores amongst those further in training ( $p < .001$ ). There was a correlation between those receiving formal training and self-perceived knowledge of electrosurgical principles, which translated to actual difference in mean test score of 1.8 ( $p < .001$ ). A multivariate linear regression model was constructed to assess potential contributors to performance and to control for confounding. Statistically significant positive contributions were made by the following variables in the model: male sex ( $p = .01$ ), attending ( $p < .001$ ), having prior electrosurgical training ( $p = .049$ ), and personal assessment of electrosurgical knowledge ( $p < .001$ ) with an overall  $R^2$  for the model of .20.

**Conclusion:** This instrument is a valid instrument for the assessment of electrosurgical knowledge. The general knowledge base of surgeons regarding electrosurgical principals was generally low, but formal training may significantly improve this knowledge.

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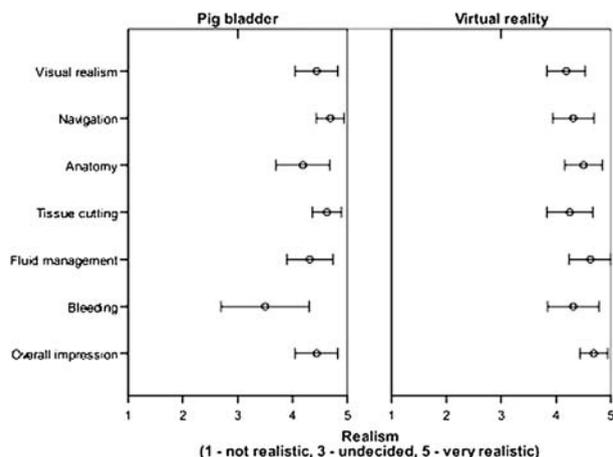
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### Preliminary Experience with Virtual Reality Simulation vs. Animal Model for Hysteroscopic Myomectomy Training

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**Study Objective:** To obtain trainees' initial impressions of a new virtual reality hysteroscopic trainer compared to a traditional animal model for training in hysteroscopic myomectomy.

**Design:** Attendees at a hands-on postgraduate course on operative hysteroscopy rotated through several training stations. Included in the rotation were a station using a pig bladder model for hysteroscopic myomectomy as well as a station using the HystSim (VirtaMed, Zurich, Switzerland) hysteroscopic simulator. Each participant rated both stations on realism as well as training capacity.



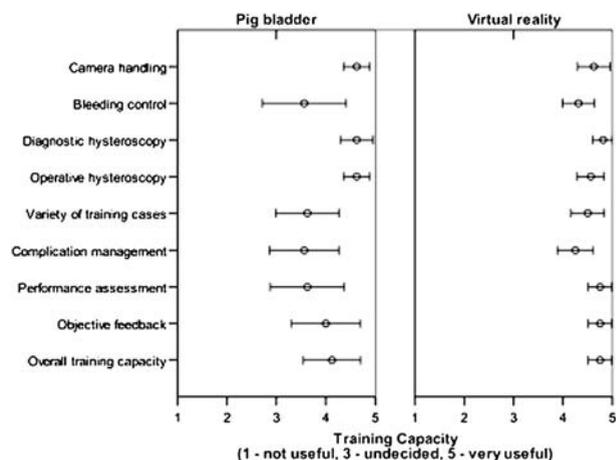
No significant difference was observed between the two models for realism.

**Setting:** Sixteen participants in a hands-on postgraduate course on operative hysteroscopy.

**Patients:** N/A

**Intervention:** Immediately after a training session using either the pig-bladder model or the HystSim simulator, participants were asked to rate each model on realism and training capacity using a 5-point Likert scale.

**Measurements and Main Results:** The virtual reality trainer scored significantly higher than the pig bladder model for "variety of training cases" ( $p = 0.039$ ) and "performance assessment" ( $p = 0.010$ ). There was a statistically insignificant trend in favor of the virtual reality model for training capacity.



No correlation was found between age, experience, or years of practice.

**Conclusion:** The HystSim Virtual Reality hysteroscopic trainer was felt to be at least equal to the "gold standard" pig bladder model for training in hysteroscopic myomectomy with the additional advantages of reproducibility and measurement of results. Further studies comparing modalities and relating results to operating room performance are warranted.

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### Intra-Rater and Inter-Rater Variability in Adhesion Scoring

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**Study Objective:** Clinical trials assessing endpoints using subjective scales are being performed for many indications, but are limited by the difficulty of variability in the assessments of different raters. Tools to minimize these variability, include meticulous training of multiple raters and the use of a single trained reviewer.

**Design:** Assessment of intra and inter rater variability of adhesion scoring in a multi center open label study assessing the safety and efficacy of Adhexil™ in prevention and reduction of adhesions in gynecologic ovarian surgery.

**Setting:** Comparative evaluation.

**Patients:** Patients with bilateral ovarian disease were randomized for treatment by Adhexil™ (a novel absorbable designed for barrier evaluated for adhesion prevention and reduction) or standard surgical care. Investigators assessed adhesions at both the first (1LL) and second look (2LL), which were recorded on a DVD and sent for an independent adhesion scoring.

**Intervention:** Comparisons were made by calculating the percentages of samples showing exact agreement, and by using Cohen's kappa weighted statistic. To measure intra rater variability and validity of assessments, 9 of 32 randomly selected DVDs were re-numbered and sent for a new assessment by the blinded reviewer. To measure inter-rater variability, all