MP02-01 PRELIMINARY STRATIFICATION OF EXPERT VS NOVICE LAPAROSCOPISTS USING THE BASIC LAPAROSCOPIC UROLOGIC SURGERY (BLUS) CURRICULUM
Sree Harsha Mandava*, Benjamin Woodson, Philip Dorsen, Raju Thomas, Benjamin Lee, New Orleans, LA

MP02-02 CITATION ANALYSIS: DOES INSTITUTIONAL H-INDEX CORRELATE WITH A PROGRAM'S RANK IN UROLOGY?
Michael Johnson*, Jonathan Moby, Sam Bhayani, Joel Vetter, Brian Benway, Saint Louis, MO

MP02-03 CONTENT AND FACE VALIDATION OF A CURRICULUM FOR ULTRASONIC PROPULSION OF RENAL CALCULI IN A HUMAN PHANTOM
Ryan Hai*, Barbrina Dunnire, Bryan Cunitz, Xuemei He, Mathew Sorenson, Jonathan Harper, Michael Bailey, Thomas Lendvay, Seattle, WA

MP02-04 PERCEPTION OF UROLOGISTS PERFORMING LIVE CASE DEMONSTRATION (LCD) - TO BE OR NOT TO BE?
Simpa Sali*, Sammy Elsamra, Justin Friedlander, Arvin George, Brian Duty, Zeph Okere, Arthur Smith, New Hyde Park, NY

MP02-05 UTILIZATION OF LEARNING RESOURCES AMONG UROLOGY RESIDENCY APPLICANTS
Kelly A. Healy*, Sanjay S. Kasturi, Demetrius H. Bagley, Philadelphia, PA

MP02-06 EXPERIENCE IN 3D LAPAROSCOPIC NEPHRECTOMY IN PORCINE MODEL
Alberto Jorge Camacho Castro*, Mexico, Distrito Federal, Mexico, Victor Osornio, Mauricio Cantellano, Carlos Martinez, Gustavo Morales, Carlos Pacheco, Mexico, Distrito Federal, Mexico

MP02-07 EVALUATION OF THE LEARNING CURVE FOR THE AMS GREENLIGHT™ SIM AND DEVELOPMENT OF A VIRTUAL REALITY TRAINING CURRICULUM FOR GREEN LIGHT LASER PROSTATECTOMY
Abdullatif Aydina*, Gordon Muir, Mohammed Shamim Khan, Prokar Dasgupta, Kamran Ahmed, London, United Kingdom

MP02-08 CAN AT-HOME TRAINING RIVAL IN-LAB TRAINING IN THE ACQUISITION OF LAPAROSCOPIC SKILLS?

MP02-09 A DA VINCI S TO SI CURRICULUM ON A 3D VR ROBOTIC SURGICAL SIMULATOR MAY BE EFFICIENTLY EMPLOYED TO FACILITATE SURGEON TRANSITION
Ryan Speir*, Lacey, WA, Timothy Brand, Tacoma, WA

MP02-10 EFFECT OF EXPERT MENTORING ON THE ACQUISITION OF ROBOTIC SURGICAL SKILLS - A RANDOMISED CONTROLLED TRIAL
Daniel Hay*, Kamran Ahmed, Prokar Dasgupta, Ben Challacombe, London, United Kingdom

MP02-11 ASSESSMENT OF ROBOTIC SIMULATION PERFORMANCE BY UROLOGY TRAINEES IN RESIDENCY PROGRAMS

MP02-12 PRELIMINARY EXPERIENCE WITH THE USE OF THE DA VINCI SI ROBOTIC SURGERY SYSTEM IN PANAMA. RESULTS OF THE IMPLEMENTATION OF SURGERY CLINICAL PATHWAY FOR TRAINING
Marcos Young*, Leticia Ruiz, Alejandro Manduley, Elias Bodden, Panama, Panama, Octavio Castillo, Santiago, Chile, Brian Matlaga, Baltimore, MD

MP02-13 AN EFFECTIVE REPETITIVE TRAINING SCHEDULE TO ACHIEVE SKILL ACQUISITION IN NOVEL ROBOTIC VIRTUAL REALITY SIMULATOR
Seok Cho*, Sung Gu Kang, Kyung Sook Yang, Byung-Ju Ryu, Hoon Ah Jang, Seok Ho Kang, Jeong Gu Lee, Je Jong Kim, Jun Cheon, Koo Han Yoo, Seoul, Korea, Republic of,

MP02-14 DOES RESIDENT AND FELLOWSHIP TRAINING AFFECT OPERATIVE AND SHORT-TERM ONCOLOGIC AND FUNCTIONAL OUTCOMES IN PATIENTS UNDERGOING ROBOT-ASSISTED RADICAL PROSTATECTOMY (RARP)?
Ziho Lee*, Shailen Sehgal, Reid Graves, Yu-Kai Su, Elton Llukani, Kelly Monahan, Alice Megill, Phillip Mucksavage, David Lee, Philadelphia, PA

MP02-15 CONSTRUCT, CONTENT AND FACE VALIDITY OF THE DA VINCI SURGICAL SIMULATOR
Adam C Calaway*, Jason C Sea, Chandru P Sundaram, Indianapolis, IN
INTRODUCTION AND OBJECTIVES: To analyse the impact of expert mentoring on the performance of specific tasks using the da Vinci Skills Simulator (dVSSim). To establish whether a correlation exists between students' experience with video-games and their innate ability with the dVSSim.

METHODS: Twenty robotically naive medical students were blinded and randomised to two cohorts; the control cohort who received no mentoring (CC, n = 10) and the intervention cohort who received individual expert mentoring (IC, n = 10). Each student’s performance on the dVSSim was initially measured and then following an independent practice (CC) or mentor guided practice session (IC) was reassessed to look for any improvement. In the mentored session students were given advice on their technique for controlling the dVSSim, watched the expert to see the optimal approach for each of the tasks and were then observed and given feedback. The outcomes of interest were overall score, time to completion and economy of motion. For the purpose of evaluation of video-games correlation, quantitative (questionnaire) data was collected. Comparisons between cohorts were made using the independent t-test.

RESULTS: On average, the CC improved by 16.8% compared to 43.3% for the IC (p < 0.05). Time to completion improved by 26.2% (CC) vs. 40% (IC) and economy of motion improved by 16.5% vs. 25%, but neither of these findings were statistically significant. Students with video-game experience had initial overall scores that were on average 30.9% better than those with little or no experience (p < 0.05). This correlation was also seen for time to completion (15% better) and economy of motion (20.1% better), but neither were statistically significant.

CONCLUSIONS: Mentorship based simulation learning is effective. Expert mentoring leads to a significantly greater improvement in performance with the virtual reality simulator than independent practice alone. Prior experience with video-games improves innate ability with the dVSSim.

Source of Funding: None
METHODS: In March 2012 a daVinci SI robotic system was installed at a private hospital in Panama; this was the first system installed in Central America. Our implementation pathway was comprised of an online virtual course, video reviews, on-site surgical system training, off-site Surgical skills training using animate and inanimate models, off site Live Procedure Observation, and on site surgery with an experienced preceptor. We prospectively tracked intra-operative parameters: time for patient preparation, docking of the robot, and console time. We also reviewed early patient results for all procedures.

RESULTS: During an 11 month period, 96 robotic-assisted laparoscopic surgeries were performed: 45 urologic, 9 gynecologic and 42 general surgery cases. The 45 urology cases included: 24 radical prostatectomies, 10 partial nephrectomies, 5 radical nephrectomies, 1 donor nephrectomy, 4 pyeloplasties and 1 partial cystectomy. Mean console time for the first 8 cases, with preceptor, was 251 minutes and for the following 31 cases 110 minutes. Regarding robotic-assisted laparoscopic radical prostatectomies: patient preparation was 37 min, docking time 5.6 min, console time 226 min. Estimated blood loss was 344 ml. No conversions were made. Complications included: Ureteral meatus edema (1), bleeding (2), shoulder pain (1), skin haematoma (1). Positive Surgical margin rate for pT2 was 0%. Continenve (0 to 1 pad daily): 88%. Erectile function was present in 69% of patients (follow-up from 8 to 2 months).

CONCLUSIONS: Our structured clinical program assisted in the rapid development of our robotic surgical program, and we believe was responsible for our safe and effective experience. As robotic surgery continues to expand to diverse international regions and non-academic institutions, detailed protocols such as ours can aid in its successful adoption elsewhere, as well.

Source of Funding: None

MP02-14 DOES RESIDENT AND FELLOWSHIP TRAINING AFFECT OPERATIVE AND SHORT-TERM ONCOLOGIC AND FUNCTIONAL OUTCOMES IN PATIENTS UNDERGOING ROBOT-ASSISTED RADICAL PROSTATECTOMY (RARP)?

Ziho Lee*, Shailen Sehgal, Reid Graves, Yu-Kai Su, Elton Liukani, Kelly Monahan, Alice Megill, Phillip Mucksavage, David Lee, Philadelphia, PA

INTRODUCTION AND OBJECTIVES: To determine whether fellow and chief resident participation during RARP influences operative and postoperative outcomes.

METHODS: Between August 2011 and June 2012, 388 patients underwent RARP by a single primary surgeon (DIL) at our institution. Statistical comparisons of patient characteristics, and operative and functional outcomes were conducted after grouping the cohort according to the surgeon(s) operating the robotic console: attending only (n=91), attending and fellow (n=152), and attending and chief-resident (n=145). Postoperative urinary continence was defined as using 0 pads per day, and postoperative erectile function was assessed by Sexual Health Inventory for Men (SHIM) score. Approximately normal variables were compared utilizing one-way analysis of variance (ANOVA) test, and categorical variables were compared utilizing two-tailed chi-square (χ²) test; p<0.05 was considered statistically significant.

RESULTS: There were no differences in mean age (p=0.590), body mass index (p=0.339), preoperative SHIM score (p=0.084), preoperative American Urology Association Symptom Score (p=0.086), preoperative prostate-specific antigen (p=0.258), preoperative and postoperative Gleason score (p=0.349 and p=0.808, respectively), clinical stage (p=0.242), and pathological stage (p=0.270). With regards to operative outcomes, there was no difference in mean estimated blood loss (p=0.807), %NS performed (p=0.130), length of stay (p=0.494), and rate of positive surgical margins (p=0.058). There was, however a difference in mean operative time (p<0.001; attending only=89.3 min, attending and fellow 125.4 min, and attending and chief-resident 126.9 min). With regards to functional outcomes at 3 months