

# THE UTILITY OF COMPUTER-BASED INSTRUCTION FOR TEACHING BASIC SURGICAL SKILLS TO NOVICES

George Xeroulis<sup>1</sup> MD, Jason Park<sup>2,4</sup> MD, Vicki LeBlanc<sup>3,4</sup> PhD, Carol-Anne Moulton<sup>2,4</sup> MB,BS, FRACS, Richard K. Reznick<sup>2,4</sup> MD, MEd, FRCSC, FACS, & Adam Dubrowski<sup>2,4</sup> PhD <sup>1</sup>Department of Surgery, University of Western Ontario, London, Ontario, Canada; Departments of <sup>2</sup>Surgery and <sup>3</sup>Emergency Medicine, and the <sup>4</sup>Wilson Centre for Research in Education, University of Toronto, Toronto, Ontario, Canada.

**Introduction:** This study assessed the effectiveness of video instruction and expert feedback on the acquisition of suturing and knot tying skills.

**Method:** Sixty medical students with no prior suturing experience viewed an instructional video and were then randomly assigned to one of four individualized practice conditions: no additional intervention (*control*), self study with digitized instructional video under participant control (*computer-based video instruction*), and expert feedback during (*concurrent feedback*) and after (*summary feedback*) practice trials. Each instructional session lasted approximately one hour, with 20 practice trials completed during that time. Technical performance was evaluated pre- and post-intervention using previously validated outcome measures: global ratings by two blinded experts and hand motion efficiency using the ICSAD system (number of movements and total time). Performance scores were analyzed using ANOVA with significance set at  $p < .05$ . The patterns of viewing the instructional video were also recorded for the video instruction group.

**Results:** Performance on the suturing and knot tying skill was similar for all three experimental conditions and all were significantly better than the controls on all outcome measures ( $p < .05$ ). Trainees in the video instruction group reviewed segments of the digitized video for an average time of 4 minutes, mostly between trials 1-15.

**Discussion:** We found that interactive video instruction was as effective as expert feedback on a basic surgical task. Most of the utility of this type of training appears to be in the early stages of skill acquisition, suggesting that computer-based video instruction should be implemented early in the training curricula.